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# **2001 Business Assistance Report**

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

# **VOLUME 1 OF 3**

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

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# TABLE OF CONTENTS

1

		PAGE <u>NUMBER</u>		
Introduction and Background				
Overview of Findings $\mathbb{R} \in \mathbb{F} \times \mathbb{F}$		3		
2001 MBAF Findings		5		
2000 MBAF Findings LEGISLAND ENGLISH ARY STATE OFFICE BUILDING 1999 MBAF Findings ST. PAUL MN 55155		21		
		27		
Administration of	37			
Appendices:				
	Minnesota Statutes §116J.993 - §116J.995 DTED Letters to Agencies Listing of Agencies Required to Submit a 2001 MBAF Listing of Agencies Submitting a 2001 MBAF but not Otherwin to Report	se Required		
Appendix E:	Distribution of Business Assistance Amounts for Agreements I	Reached from		
Appendix F:	January 1, 2000 and December 31, 2000 Distribution of Financial Assistance by Value for Agreements Reached from January 1, 2000 and December 31, 2000			
Appendix G:	Summary of Agencies Required to Submit a 2000 MBAF Because of Prior Activity Reported on the 2000 Business Assistance Report			
Appendix H:	Summary of Agencies that Submitted a 2000 MBAF in 2001 b Report Activity in 2000	-		
Appendix I:	Distribution of Business Assistance by Government Agency for Reached from July 1, 1995 to July 31, 1999	r Agreements		
Appendix J:	Listing of Agencies that Held a Public Hearing and Adopted Co M.S. §116J.993 - §116J.995	riteria Per		
Appendix K:	Listing of Agencies that Submitted Criteria in 2001 for Business Subsidies Per M.S. §116J.993 - §116J.995			
Appendix L:	County Representation in DTED Economic Development Regi	ons		
Appendix M:	Business Assistance Forms Postmarked after June 1, 2001 and Analysis	Excluded from		
Appendix N:	Minnesota Statutes §116.991			
Appendix O:	Achievement of Wage and Job Goals for Agreements Reached July 1, 1995 to July 31, 1999	from		
Appendix P:	Business and Financial Assistance Forms Submitted by State, C and Local Government Agencies Provided between July 1, 199 December 31, 2000 In Accordance to Minnesota Statutes § 116 § 116J.995	5 through		

# 2001 BUSINESS ASSISTANCE REPORT

#### **Introduction and Background**

The business subsidy law, Minnesota Statutes §116J.993 through §116J.995, applies to state and local government agencies with the authority to provide business subsidies or financial assistance and entities created or authorized by a local government agency with this authority. The law provides a mechanism for taxpayers to learn about state and local funds used for business subsidies and financial assistance.

In May 2000, Minnesota Statutes §116J.993 through §116J.995 were amended by the Legislature and now explicitly exclude 22 types of assistance from the definition of business subsidies. In accordance with the law, business loans and loan guarantees of \$75,000 or less are excluded from the analysis in this report. Because the amended statute reinstated the requirements under Minnesota Statute §116J.991, certain business subsidy agreements signed between July 1, 1995 and July 31, 1999, must be reported, as well as agreements signed between August 1, 1999 and December 31, 1999. Grantors are required to submit a Minnesota Business Assistance Form (MBAF) to the Department of Trade and Economic Development (DTED) for each agreement for two years after the benefit date or until the goals are met, whichever is later (see Appendix A).<sup>1</sup>

Under the law, local government agencies in communities with a population of more than 2,500 and state agencies with the authority to grant subsidies must submit a report to DTED, regardless of whether they have awarded business subsidies. Local government agencies in communities with a population of 2,500 or less are exempt from filing the MBAF, unless they have awarded a subsidy in the past five years. DTED is required to compile and publish the results of the reports of the previous calendar year by August 1 of each year.<sup>2</sup>

#### **Data Collection**

To facilitate the collection of report information, DTED created the MBAF (see DTED's web site <u>www.dted.state.mn.us</u>, click on Communities, then Business Subsidies Reporting to obtain a copy of the form). In March of 2001, DTED directed government agencies to submit a completed 2001 MBAF for each business subsidy agreement signed between January 1, 2000 and December 31, 2000. In accordance with the law, DTED required that agencies submit forms based on the year the agreement was signed rather than when the assistance was actually awarded, and report annually on each agreement for two years after the benefit date or until the goals are met, whichever is later.

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

<sup>&</sup>lt;sup>1</sup>In June 2001, Minnesota Statutes §116J.994, subdivision 6, was amended by the Legislature to set the interest rate for a recipient failing to meet subsidy agreement goals at no less than the implicit price deflator for government consumption expenditures and gross investment for state and local governments prepared by the Bureau of Economic Analysis of the United States Department of Commerce for the 12 month period ending March 31 of the previous year.

For agreements entered into by agencies during the period of July 1, 1995 through July 31, 1999, DTED directed agencies to use the 1999 MBAF to fulfill reporting requirements. For agreements entered between August 1, 1999 and December 31, 1999, agencies were directed by DTED to use the 2000 MBAF to comply with the statute. Agencies were also instructed to submit a form each year until DTED receives a form documenting that the business has achieved all its goals. See DTED's web site to obtain copies of all the forms.

Forms summarized in this report cover business and financial assistance agreements reached between January 1, 2000 through December 31, 2000, August 1, 1999 through December 31, 1999 and July 1, 1995 through July 31, 1999, that were submitted to DTED. Forms submitted by government agencies for eligible projects are available on the Department's web site.

#### **MBAF** Distribution

In March 2001, DTED distributed the MBAF and a letter to 3,500 government (city, township, county and state) agency officials throughout Minnesota that may use public money to provide business subsidies and qualified financial assistance. The department also distributed the MBAF to non-profit organizations, foundations and development corporations that may provide business assistance (see Table 1). The MBAF form was also posted on the Department's web site and DTED also worked with the League of Minnesota Cities and the Economic Development Association of Minnesota to publicize and promote the law.

# TABLE 1 Distribution of 2001 Minnesota Business Form

Community Development Corporations County Board Chairs County Planning Commission Chairs County Seat Offices Economic Development Association of Minnesota Economic Development Authorities Economic Development Commissions Housing Redevelopment Authorities Minnesota Enterprise Zone Administrators

# Minnesota Initiative Fund Members Minnesota Mayors Port Authorities Regional Development Board Members Regional Development Commission Chairs Regional Development Commission Directors Rural Development Finance Authorities State Department Heads Township Officials

In addition to mailing the form and posting it on the Department's web site, DTED also took several steps to notify government agencies of the need to file the 2001 MBAF. DTED made several presentations throughout the state and provided a fact sheet and a *Frequently Asked Questions* publication that detailed provisions and requirements of the 2000 Business Subsidy Law (see the Department's web site). In May 2001, DTED also sent a letter to government agencies reminding them to submit a report because either they awarded business subsidies during the last five years or represented a population of more than 2,500 persons. The department also informed agencies that if the department did not receive a report by June 1, 2001, those agencies were prohibited from awarding any business subsidies until a report had been filed as required by the statute (see Appendix B).

# **Overview of Findings**

Because the statute requires the department to track each individual project awarded funding since July 1, 1999, grantors are required to submit information annually for each project for two years or until the project achieves its goals, whichever is later. To ease review of project performance, project data is displayed in the same year as it was originally reported. However, any assistance reported prior to 2000 (using a 1999 MBAF) is aggregated into one 1999 section.

#### 2001 MBAF Findings (2000 Activity)

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

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

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

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

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

<sup>&</sup>lt;sup>3</sup>The 532 state and local government agencies were identified through several means; state agencies, previous MBAFs submitted, population size and government bodies identified through organizational membership lists (e.g., Economic Development Association of Minnesota). Since a comprehensive list of agencies is not available, the actual number of required filers may be higher.

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

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

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

MBAF forms that reported ineligible projects (e.g., assistance valued at less than \$25,000 or business loans and loan guarantees of \$75,000 or less for agreements signed between August 1, 1999 and December 31, 2001) were not analyzed and are not included in this summary. Appendix M displays forms excluded because they were postmarked after the June 1 deadline.

# **Public Hearing and Adopted Criteria**

According to M.S. §116J.994, business subsidies may not be granted until the grantor has held a public hearing and adopted criteria for awarding subsidies in compliance with law. Grantors were also required to submit a copy of their adopted criteria policies to DTED. Of the 532 agencies that were required to submit an 2001 MBAF either because of population size or previous business subsidy activity, DTED received 289 reports. There were 243 agencies that did not submit a 2001 MBAF as required (see Appendix C). DTED also received nine reports from agencies that submitted a 2001 MBAF but were not otherwise required to report (see Appendix D). Not included in this analysis were forms by government agencies with communities of less than 2,500 persons or those that had no activity for more than 5 years.

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

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

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

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

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

# **2001 MBAF Findings**

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

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

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

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



# FIGURE 1

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

#### As Figure 2

indicates, the distribution of the value of business subsidies provided by agencies was similar to the distribution of assistance agreements. Of the \$596.9 million in business subsidies reported on the 2001 MBAF, city agencies accounted for \$389.2 million (65.2 percent), state agencies, \$203.5 million (34.1 percent), county agencies, \$2.5 million (0.4 percent), regional agencies, \$1 million (0.2 percent), and other agencies, \$669,566 (0.1 percent).



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

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

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

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

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

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

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



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



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

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

#### Type and Value of Business Assistance Provided

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

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





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

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

in millions



# Type and Value of TIF District for Business Assistance Agreements

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

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

#### Type and Value of Financial Assistance Agreements

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

#### **Public Purpose for Business Assistance Agreements**

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

#### FIGURE 7





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

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

#### 2001 Business Assistance Report

#### **Public Purpose for Financial Assistance Agreements**

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

### Industry Sector of Business Assistance for Recipients

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

#### FIGURE 8

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



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

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





#### Industrial Sector of Financial Assistance for Recipients

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

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

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

The MBAF asked grantors to identify the type of goals the recipients were expected to achieve. Grantors were also required to indicate the progress toward these goals. This section provides general information on those issues.

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

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

# 2001 Business Assistance Report

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

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

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

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

#### Goals for Financial Assistance Agreements

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

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

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

Under the law, the business assistance agreement, in addition to other goals, must include goals for the number of jobs created, which may include separate goals for the number of full-time or part-time jobs, and wage goals for jobs created or retained.

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

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

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



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

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

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

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

Agencies reported 1,669 actual full-time jobs created compared to a goal of 4,229 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual full-time job creation and wage goals are as follows:

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

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



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

Of the 10 eligible financial assistance agreements, one agency reported 15 actual full-time jobs created compared to a goal of 22 jobs. The agency reported that the recipient had more time to meet their job creation and wage goals. The distribution of actual full-time job creation and wage goals are as follows:

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

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

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

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

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

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

Agencies reported 1,396 actual full-time equivalent jobs created compared to a goal of 1,397. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual FTE job creation and wage goals are as follows:

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

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

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

Of the 165 eligible business assistance agreements, agencies reported a part-time job creation goal of 142 jobs. The distribution of part-time job creation and wage goals are as follows:

- no part-time jobs were expected to pay an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- 1.4 percent or 2 jobs between \$11.00 and \$12.99;
- 3.5 percent or 5 jobs between \$9.00 and \$10.99;
- 20.4 percent or 29 jobs between \$7.00 and \$8.99;
- 74.6 percent or 106 jobs at less than \$7.00; and,
- no jobs without an hourly wage level.

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

#### Actual Part-time Job Creation and Wages

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

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

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

#### Job Retention and Wage Goals

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

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

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

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



#### Actual Job Retention and Wages

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

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

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

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





**Recipient's Achievement of Goals and Fulfillment of Obligations for Business Assistance Awarded** Of the 165 business assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000, agencies reported 46 agreements where recipients had achieved all goals and obligations stipulated in the agreements. All agencies reported that recipients had more time to meet their goals and obligations. The total value for those 46 agreements was \$24.3 million out of the \$596.9 million of business assistance reported between January 1, 2000 and December 31, 2000.

**Recipient's Achievement of Goals and Fulfillment of Obligations for Financial Assistance Awarded** Of the 10 financial assistance agreements entered into by government agencies between January 1, 2000 and December 31, 2000, no recipient had achieved their goals and obligations stipulated in the agreements. All agencies reported that recipients had more time to meet their goals and obligations. The total value of those 10 agreements was \$11.4 million.

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

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

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

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

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

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

# **2000 MBAF Findings**

Forms summarized in this section of the report update business and financial assistance agreements reached between August 1, 1999 and December 31, 1999. Under the law, government agencies are required to submit a 2000 MBAF form until all goals and obligations are fulfilled in agreements made between government agencies and recipients or at least two years, whichever is later.

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

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

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

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

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

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

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

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

# Full-time Job Creation and Wage Goals

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

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

#### FIGURE 14

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



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

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

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

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

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

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

#### FIGURE 15

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



#### Full-time

#### Equivalent (FTE) Job Creation and Wage Goals

Some agreements called for job creation in terms of FTE or full-time equivalent. Agencies reported FTE job creation and wage goals in four business assistance agreements for a total of 43 jobs.<sup>12</sup> The distribution of full-time equivalent job creation and wage goals are as follows:

- 14.0 percent or 6 jobs were expected to pay an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- 20.9 percent or 9 jobs between \$9.00 and \$10.99;
- 46.5 percent or 20 jobs between \$7.00 and \$8.99;
- 18.6 percent or 8 jobs at less than \$7.00; and,
- 6.4 percent or 10 jobs without an hourly wage level.

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

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

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

Agencies reported actual full-time equivalent job creation and wages in five of the 44 business assistance agreements. Those agencies reported 66 actual full-time equivalent jobs created compared to a goal of 157 jobs. All agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual FTE job creation and wage goals are as follows:

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

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

#### Part-Time Job Creation and Wage Goals

Agencies reported part-time job creation and wage goals in one of the 18 business assistance agreements. Those agencies reported a part-time creation goal of 3 jobs. The distribution of part-time job creation and wage goals are as follows:

- no jobs were expected to pay an hourly wage of \$15.00 or higher;
- no jobs between \$13.00 and \$14.99;
- 100 percent or 3 jobs between \$11.00 and \$12.99;
- no jobs between \$9.00 and \$10.99;
- no jobs between \$7.00 and \$8.99;
- no jobs at less than \$7.00; and,
- no jobs without an hourly wage level goal.

Agencies did not report any part-time hourly health insurance value for any of the business subsidy agreements.

#### Actual Part-time Job Creation and Wages

Agencies reported actual part-time job creation and wage goals in nine of the 44 business subsidy agreements. Agencies reported 90 actual part-time jobs created compared to a goal of five jobs. Agencies reported that recipients had more time to meet their job creation and wage goals. The distribution of actual part-time job creation and wage goals are as follows:

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

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

#### Job Retention and Wage Goals

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

- 0.6 percent or 5 jobs were expected to pay an hourly wage of \$15.00 or higher;
- 0.5 percent or 4 jobs between \$13.00 and \$14.99;
- no jobs between \$11.00 and \$12.99;
- 98.8 percent or 765 jobs between \$9.00 and \$10.99;
- no jobs between \$7.00 and \$8.99;
- no jobs at less than \$7.00; and,
- no jobs with no hourly wage level (see Figure 16).

#### FIGURE 16

Distribution of Job Retention and Wage Goals for Agreements Reached Between August 1, 1999 and December 31, 1999



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

#### Actual Job Retention and Wages

Agencies reported actual job retention and wage goals in nine of the 44 business assistance agreements. Those agencies reported 917 jobs retained compared to a goal of 952. All agencies reported that recipients had more time to meet their job retention and wage goals. The distribution of actual job retention and wage goals are as follows:

- 1.5 percent or 14 jobs were created paying an hourly wage of \$15.00 or higher;
- 1.1 percent or 10 jobs between \$13.00 and \$14.99;
- 5.3 percent or 49 jobs between \$11.00 and \$12.00;
- 90.1 percent or 826 jobs between \$9.00 and \$10.99;
- 2.0 percent or 18 jobs between \$7.00 and \$8.99; and,
- no jobs at less than \$7.00 (see Figure 17).

#### FIGURE 17

Distribution of Actual Job Retention and Wage Goals for Agreements Reached Between August 1, 1999 and December 31, 1999



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

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

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

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

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

# **1999 MBAF Findings**

Agencies are subject to reporting requirements for assistance agreements that were made between July 1, 1995 and July 31, 1999. The reporting requirements under Minnesota Statutes §116J.991 are less expansive and very different from those found in Minnesota Statutes §116J.993 through §116J.995 (see Appendix N). For example, Minnesota Statutes §116J.991 does not require business assistance to meet a public purpose and there is no requirement for grantors to adopt a criteria after a public hearing. DTED directed government agencies to use the 1999 MBAF for agreements signed prior to August 1, 1999 to comply with the statute.

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

DTED received a total of 354 eligible1999 MBAF forms from government agencies in 2001. There were 89 state and local government agencies that reported on 354 eligible business assistance agreements that were reached between July 1, 1995 and July 31, 1999. The \$167.9 million of business assistance provided by those 354 agreements ranged from a \$25,000 loan to a \$9.5 million TIF project (see Appendix I).

#### Distribution of Business Assistance Agreements

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





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

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



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

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



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

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



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



Type and

## Page 30

#### Value of Business Assistance Provided

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

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





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





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

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

#### FIGURE 24

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



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





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

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

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

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

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

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

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

# FIGURE 26

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



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

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

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

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





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

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

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

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




#### Actual Part-time

#### Job Creation and Wages

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

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

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

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



### Achievement of Wage and Job Goals

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

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

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

### Administration of M.S. §116J.993 through §116J.995

DTED has strived to improve compliance with M.S. §116J.993 through §116J.995. In addition to letters sent to agencies, a *Frequently Asked Questions* publication and fact sheets were created. In preparing this report, the department responded to more 250 phone calls and e-mails from government agencies and other interested parties regarding the MBAF and made more than 80 calls to agencies to clarify inconsistent data on the forms. The department also has conducted several presentations on the business subsidy law to various groups and increased the information available via the Internet.

# **APPENDIX A:**

Minnesota Statutes 116J.993 - 116J.995 (2000 Law)

#### 116J.993 Definitions.

Subdivision 1. Scope. For the purposes of sections 116J.993 to 116J.995, the terms defined in this section have the meanings given them.

Subd. 2. **Benefit date.** "Benefit date" means the date that the recipient receives the business subsidy. If the business subsidy involves the purchase, lease, or donation of physical equipment, then the benefit date begins when the recipient puts the equipment into service. If the business subsidy is for improvements to property, then the benefit date refers to the earliest date of either:

(1) when the improvements are finished for the entire project; or

(2) when a business occupies the property. If a business occupies the property and the subsidy grantor expects that other businesses will also occupy the same property, the grantor may assign a separate benefit date for each business when it first occupies the property.

Subd. 3. **Business subsidy.** "Business subsidy" or "subsidy" means a state or local government agency grant, contribution of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.

The following forms of financial assistance are not a business subsidy:

(1) a business subsidy of less than \$25,000;

(2) assistance that is generally available to all businesses or to a general class of similar businesses, such as a line of business, size, location, or similar general criteria;

(3) public improvements to buildings or lands owned by the state or local government that serve a public purpose and do not principally benefit a single business or defined group of businesses at the time the improvements are made;

(4) redevelopment property polluted by contaminants as defined in section 116J.552, subdivision 3;

(5) assistance provided for the sole purpose of renovating old or decaying building stock or bringing it up to code and assistance provided for designated historic preservation districts, provided that the assistance is equal to or less than 50 percent of the total cost;

(6) assistance to provide job readiness and training services if the sole purpose of the assistance is to provide those services;

(7) assistance for housing;

(8) assistance for pollution control or abatement, including assistance for a tax increment financing hazardous substance subdistrict as defined under section 469.174, subdivision 23;

(9) assistance for energy conservation;

(10) tax reductions resulting from conformity with federal tax law;

(11) workers' compensation and unemployment compensation;

(12) benefits derived from regulation;

(13) indirect benefits derived from assistance to educational institutions;

(14) funds from bonds allocated under chapter 474A, bonds issued to refund outstanding bonds, and bonds issued for the benefit of an organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended through December 31, 1999;

(15) assistance for a collaboration between a Minnesota higher education institution and a business;

(16) assistance for a tax increment financing soils condition district as defined under section 469.174, subdivision 19;

(17) redevelopment when the recipient's investment in the purchase of the site and in site preparation is 70 percent or more of the assessor's current year's estimated market value;

(18) general changes in tax increment financing law and other general tax law changes of a principally technical nature;

(19) federal assistance until the assistance has been repaid to, and reinvested by, the state or local government agency;

(20) funds from dock and wharf bonds issued by a seaway port authority;

(21) business loans and loan guarantees of \$75,000 or less;

and

(22) federal loan funds provided through the United States Department of Commerce, Economic Development Administration.

Subd. 4. **Grantor.** "Grantor" means any state or local government agency with the authority to grant a business subsidy.

Subd. 5. Local government agency. "Local government agency" includes a statutory or home rule charter city, housing and redevelopment authority, town, county, port authority, economic development authority, community development agency, nonprofit entity created by a local government agency, or any other entity created by or authorized by a local government with authority to provide business subsidies.

Subd. 6. **Recipient.** "Recipient" means any for-profit or nonprofit business entity that receives a business subsidy. Only nonprofit entities with at least 100 full-time equivalent positions and with a ratio of highest to lowest paid employee, that exceeds ten to one, determined on the basis of full-time equivalent positions, are included in this definition.

Subd. 7. State government agency. "State government agency" means any state agency that has the authority to award business subsidies.

HIST: 1999 c 243 art 12 s 1; 2000 c 482 s 1

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### 116J.994 Regulating Local And State Business Subsidies.

Subdivision 1. **Public purpose.** A business subsidy must meet a public purpose which may include, but may not be limited to, increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable.

Subd. 2. **Developing a set of criteria.** A business subsidy may not be granted until the grantor has adopted criteria after a public hearing for awarding business subsidies that comply with this section. The criteria may not be adopted on a case-by-case basis. The criteria must set specific minimum requirements that recipients must meet in order to be eligible to receive business subsidies. The criteria must include a specific wage floor for the wages to be paid for the jobs created. The wage floor may be stated as a specific dollar amount or may be stated as a formula that will generate a specific dollar amount. A grantor may deviate from its criteria by documenting in writing the reason for the deviation and attaching a copy of the document to its next annual report to the department. The commissioner of trade and economic development may assist local government agencies in developing criteria. A copy of the criteria must be submitted to the department of trade and economic development along with the first annual report following the enactment of this section or with the first annual report after it has adopted criteria, whichever is earlier.

Subd. 3. **Subsidy agreement.** (a) A recipient must enter into a subsidy agreement with the grantor of the subsidy that includes:

(1) a description of the subsidy, including the amount and type of subsidy, and type of district if the subsidy is tax increment financing;

(2) a statement of the public purposes for the subsidy;

(3) measurable, specific, and tangible goals for the subsidy;

(4) a description of the financial obligation of the recipient if the goals are not met;

(5) a statement of why the subsidy is needed;

(6) a commitment to continue operations in the jurisdiction where the subsidy is used for at least five years after the benefit date;

(7) the name and address of the parent corporation of the recipient, if any; and

(8) a list of all financial assistance by all grantors for the project.

(b) Business subsidies in the form of grants must be structured as forgivable loans. For other types of business subsidies, the agreement must state the fair market value of the subsidy to the recipient, including the value of conveying property at less than a fair market price, or other in-kind benefits to the recipient.

(c) If a business subsidy benefits more than one recipient, the grantor must assign a proportion of the business subsidy to each recipient that signs a subsidy agreement. The proportion assessed to each recipient must reflect a reasonable estimate of the recipient's share of the total benefits of the project.

(d) The state or local government agency and the recipient must both sign the subsidy agreement and, if the grantor is a local government agency, the agreement must be approved by the local elected governing body, except for the St. Paul Port Authority and a seaway port authority.

(e) Notwithstanding the provision in paragraph (a), clause

(6), a recipient may be authorized to move from the jurisdiction where the subsidy is used within the five-year period after the benefit date if, after a public hearing, the grantor approves the recipient's request to move. For the purpose of this paragraph, if the grantor is a state government agency other than the iron range resources and rehabilitation board, "jurisdiction" means a city or township.

Subd. 4. **Wage and job goals.** The subsidy agreement, in addition to any other goals, must include: (1) goals for the number of jobs created, which may include separate goals for the number of part-time or full-time jobs, or, in cases where job loss is specific and demonstrable, goals for the number of jobs retained; and (2) wage goals for the jobs created or retained. After a public hearing, if the creation or retention of jobs is determined not to be a goal, the wage and job goals may be set at zero.

In addition to other specific goal time frames, the wage and job goals must contain specific goals to be attained within two years of the benefit date.

Subd. 5. **Public notice and hearing.** (a) Before granting a business subsidy that exceeds \$500,000 for a state government grantor and \$100,000 for a local government grantor, the grantor must provide public notice and a hearing on the subsidy. A public hearing and notice under this subdivision is not required if a hearing and notice on the subsidy is otherwise required by law.

(b) Public notice of a proposed business subsidy under this subdivision by a state government grantor, other than the iron range resources and rehabilitation board, must be published in the State Register. Public notice of a proposed business subsidy under this subdivision by a local government grantor or the iron range resources and rehabilitation board must be published in a local newspaper of general circulation. The public notice must identify the location at which information about the business subsidy, including a summary of the terms of the subsidy, is available. Published notice should be sufficiently conspicuous in size and placement to distinguish the notice from the surrounding text. The grantor must make the information available in printed paper copies and, if possible, on the Internet. The government agency must provide at least a ten-day notice for the public hearing.

(c) The public notice must include the date, time, and place of the hearing.

(d) The public hearing by a state government grantor other than the iron range resources and rehabilitation board must be held in St. Paul.

(e) If more than one nonstate grantor provides a business subsidy to the same recipient, the nonstate grantors may designate one nonstate grantor to hold a single public hearing regarding the business subsidies provided by all nonstate grantors. For the purposes of this paragraph, "nonstate grantor" includes the iron range resources and rehabilitation board.

Subd. 6. Failure to meet goals. The subsidy agreement must specify the recipient's obligation if the recipient does not fulfill the agreement. At a minimum, the agreement must require a recipient failing to meet subsidy agreement goals to pay back the assistance plus interest to the grantor or, at the grantor's option, to the account created under section 116J.551 provided that repayment may be prorated o reflect partial fulfillment of goals. The interest rate must be set at no less than the implicit price deflator as defined under section 275.70, subdivision 2. The grantor, after a public hearing, may extend for up to one year the period for meeting the wage and job goals under subdivision 4 provided in a subsidy agreement. A grantor may extend the period for meeting other goals under subdivision 3, paragraph (a), clause (3), by documenting in writing the reason for the extension and attaching a copy of the document to its next annual report to the department.

A recipient that fails to meet the terms of a subsidy agreement may not receive a business subsidy from any grantor for a period of five years from the date of failure or until a recipient satisfies its repayment obligation under this subdivision, whichever occurs first.

Before a grantor signs a business subsidy agreement, the grantor must check with the compilation and summary report required by this section to determine if the recipient is eligible to receive a business subsidy.

Subd. 7. Reports by recipients to grantors.

(a) A business subsidy grantor must monitor the progress by the recipient in achieving agreement goals.

(b) A recipient must provide information regarding goals and results for two years after the benefit date or until the goals are met, whichever is later. If the goals are not met, the recipient must continue to provide information on the subsidy until the subsidy is repaid. The information must be filed on forms developed by the commissioner in cooperation with representatives of local government. Copies of the completed forms must be sent to the local government agency that provided the subsidy or to the commissioner if the grantor is a state agency. If the iron range resources and rehabilitation board is the grantor, the copies must be sent to the board. The report must include:

(1) the type, public purpose, and amount of subsidies and type of district, if the subsidy is tax increment financing;

(2) the hourly wage of each job created with separate bands of wages;

(3) the sum of the hourly wages and cost of health

insurance provided by the employer with separate bands of wages;

(4) the date the job and wage goals will be reached;

(5) a statement of goals identified in the subsidy agreement and an update on achievement of those goals;

(6) the location of the recipient prior to receiving the business subsidy;

(7) why the recipient did not complete the project outlined in the subsidy agreement at their previous location, if the recipient was previously located at another site in Minnesota;

(8) the name and address of the parent corporation of the recipient, if any;

(9) a list of all financial assistance by all grantors for the project; and

(10) other information the commissioner may request.

A report must be filed no later than March 1 of each year for the previous year. The local agency and the iron range resources and rehabilitation board must forward copies of the reports received by recipients to the commissioner by April 1.

(c) Financial assistance that is excluded from the definition of "business subsidy" by section 116J.993, subdivision 3, clauses (4), (5), (8), and (16), is subject to the reporting requirements of this subdivision, except that the report of the recipient must include instead:

(1) the type, public purpose, and amount of the financial assistance, and type of district if the assistance is tax increment financing;

(2) progress towards meeting goals stated in the assistance agreement and the public purpose of the assistance;

(3) if the agreement includes job creation, the hourly wage of each job created with separate bands of wages;

(4) if the agreement includes job creation, the sum of the hourly wages and cost of health insurance provided by the employer with separate bands of wages;

(5) the location of the recipient prior to receiving the assistance; and

(6) other information the grantor requests.

(d) If the recipient does not submit its report, the local government agency must mail the recipient a warning within one week of the required filing date. If, after 14 days of the postmarked date of the warning, the recipient fails to provide a report, the recipient must pay to the grantor a penalty of \$100 for each subsequent day until the report is filed. The maximum penalty shall not exceed \$1,000.

Subd. 8. **Reports by grantors.** (a) Local government agencies of a local government with a population of more than 2,500 and state government agencies, regardless of whether or not they have awarded any business subsidies, must file a report by April 1 of each year with the commissioner. Local government agencies of a local government with a population of 2,500 or less are exempt from filing this report if they have not awarded a business subsidy in the past five years. The report must include a list of recipients that did not complete the recipient report required under subdivision 7 and a list of recipients that have not met their job and wage goals within two years and the steps being taken to bring them into compliance or to recoup the subsidy.

If the commissioner has not received the report by April 1 from an entity required to report, the commissioner shall issue a warning to the government agency. If the commissioner has still not received the report by June 1 of that same year from an entity required to report, then that government agency may not award any business subsidies until the report has been filed.

(b) The commissioner of trade and economic development must provide information on reporting requirements to state and local government agencies.

Subd. 9. **Compilation and summary report.** The department of trade and economic development must publish a compilation and summary of the results of the reports for the previous calendar year by August 1 of each year. The reports of the government agencies to the department and the compilation and summary report of the department must be made available to the public.

The commissioner must coordinate the production of reports so that useful comparisons across time periods and across grantors can be made. The commissioner may add other information to the report as the commissioner deems necessary to evaluate business subsidies. Among the information in the summary and compilation report, the commissioner must include:

(1) total amount of subsidies awarded in each development region of the state;

(2) distribution of business subsidy amounts by size of the business subsidy;

(3) distribution of business subsidy amounts by time category;

(4) distribution of subsidies by type and by public purpose;

(5) percent of all business subsidies that reached their goals;

(6) percent of business subsidies that did not reach their goals by two years from the benefit date;

(7) total dollar amount of business subsidies that did not meet their goals after two years from the benefit date;

(8) percent of subsidies that did not meet their goals and that did not receive repayment;

(9) list of recipients that have failed to meet the terms of a subsidy agreement in the past five years and have not satisfied their repayment obligations;

(10) number of part-time and full-time jobs within separate bands of wages; and

(11) benefits paid within separate bands of wages.

Subd. 10. **Compilation.** The department of trade and economic development must publish a compilation of granting agencies' criteria policies adopted in the previous calendar

year by August 1 of each year.

### HIST: 1999 c 243 art 12 s 2; 2000 c 482 s 2-11

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### 116J.995 Economic Grants.

An appropriation rider in an appropriation to the department of trade and economic development that specifies that the appropriation be granted to a particular business or class of businesses must contain a statement of the expected benefits associated with the grant. At a minimum, the statement must include goals for the number of jobs created, wages paid, and the tax revenue increases due to the grant. The wage and job goals must contain specific goals to be attained within two years of the benefit date. The statement must specify the recipient's obligation if the recipient does not attain the goals. At a minimum, the statement must require a recipient failing to meet the job and wage goals to pay back the assistance plus interest to the department of trade and economic development provided that repayment may be prorated to reflect partial fulfillment of goals. The interest rate must be set at no less than the implicit price deflator as defined under section 275.70, subdivision 2. The legislature, after a public hearing, may extend for up to one year the period for meeting the goals provided in the statement.

HIST: 1999 c 243 art 12 s 3; 2000 c 482 s 12

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# **APPENDIX B:**

**DTED** Letters to Agencies



February 20, 2001

To all Minnesota state and local government agencies:

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

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

- assistance for historic preservation districts;
- assistance for a tax increment financing hazardous substance subdistrict;
- bonds issued to refund outstanding bonds, and bonds issued for the benefit of an organization described in section 501 (c) (3) of the Internal Revenue Code of 1986, as amended through December 31, 1999;
- business loans and loan guarantees of \$75,000 or less; and,
- federal loans provided through the United States Department of Commerce, Economic Development Administration.

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

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

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

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

Kind regards,

Bob Isaacson Director Analysis and Evaluation Office

#### March 14, 2001

To all Minnesota state and local government agencies:

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

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

Among the significant changes in the law is a reinstatement of the reporting requirements for subsidy agreements that were made between July 1, 1995 and July 31, 1999. The law requires that a business receiving state or local government assistance for economic development or job growth purposes must create a net increase in jobs in Minnesota within two years of receiving the assistance. The law also requires the government agency providing assistance to establish wage levels and job creation goals to be met by the business receiving assistance. For agreements entered into by agencies during the period of July 1, 1995 through July 31, 1999, agencies should use the 1999 MBAF form to fulfill reporting requirements and to comply with the law.

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

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

- assistance for historic preservation districts;
- assistance for a tax increment financing hazardous substance subdistrict;
- bonds issued to refund outstanding bonds, and bonds issued for the benefit of an organization described in Section 501 (c) (3) of the Internal Revenue Code of 1986, as amended through December 31, 1999;
- federal assistance until assistance has been repaid to, and reinvested by, state or local government agency (once assistance has been repaid and reinvested by a government agency it is subject to the reporting requirements outlined in the statute);
- funds from dock and wharf bonds issued by a seaway or port authority;
- business loans and loan guarantees of \$75,000 or less; and,
- federal loan funds provided through the United States Department of Commerce, Economic Development Administration (once assistance has been repaid and reinvested by a government agency it is subject to the reporting requirements outlined in the statute).

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

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

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

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

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

Kind regards,

Bob Isaacson Director Analysis and Evaluation Office May 11, 2001

FIELD(1)

Dear FIELD(2):

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

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

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

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

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

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

Kind regards,

Bob Isaacson Director Analysis and Evaluation Office

## **APPENDIX C:**

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

Agency Name	Pop >2500	PriorActivity*	2000 Activity **	Rec'd Report
Afton, City of Aitkin County	Yes	No	No	Yes
Albany, City of	No	No Yes	No Yes	Yes Yes
Albert Lea Port Authority	Yes	Yes	No	No
Albert Lea, City of	Yes	Yes	Yes	Yes
Albertville, City of	Yes	No	No	Yes
Alexandria, City of	Yes	No	No	Yes
Alexandria (Township of)	Yes	No	No	No
Andover, City of	Yes	No	No	No
Annandale, City of	Yes	Yes	No	Yes
Annandale EDA	Yes	Yes	Yes	Yes
Anoka, City of	Yes	Yes	No	No
Anoka County	Yes	Yes	No	No
Apple Valley, City of	Yes	No	No	Yes
Arden Hills, City of	Yes	Yes	No	Yes
Arrowhead Regional Development Commission	Yes	Yes	No	Yes
Austin, City of	Yes	No Yes	No No	Yes No
Baldwin (Township of)	Yes	No	No	Yes
Barnesville EDA	No	Yes	No	Yes
Baxter, City of	Yes	No	No	Yes
Bayport, City of	Yes	No	No	Yes
Becker, City of	No	Yes	No	No
Becker, City of, EDA	No	Yes	No	Yes
Becker County, EDA	Yes	No	No	No
Becker (Township of)	Yes	No	No	No
Belle Plaine, City of	Yes	Yes	Yes	Yes
Belle Plaine EDA	Yes	Yes	No	No
Beltrami County HRA	Yes	No	No	No
Belview, City of	No	Yes	No	Yes
Bemidji, City of	Yes	No	No	Yes
Bemidji (Township of)	Yes	No	No	No
Benson, City of Benson, EDA	Yes	Yes	No No	Yes No
Benson, HRA	Yes	No	No	Yes
Benton County	Yes	Yes	Yes	Yes
Big Lake, City of	Yes	No	No	No
Big Lake EDA	Yes	No	Yes	Yes
Big Lake (Township of)	Yes	No	No	Yes
Big Stone County	Yes	No	No	Yes
Blaine, City of	Yes	No	No	No
Blaine Area Development Company	Yes	Yes	Yes	Yes
Blaine EDA	Yes	Yes	No	No
Blooming Prairie, City of	No	Yes	No	No
Bloomington, City of	Yes	No	No	Yes
Bloomington Port Authority	Yes	No	No	Yes
Blue Earth, City of	Yes	No	No	No
Blue Earth EDA	Yes	Yes	Yes	Yes
Bradford (Township of) Brainerd, City of	Yes	No	No	No
Brandon EDA	Yes No	Yes Yes	No No	Yes No
Breckenridge. City of	Yes	No	Yes	Yes
Breckenridge HRA	Yes	No	No	Yes
Breezy Point, City of	Yes	No	No	Yes
Breezy Point EDA	Yes	Yes	No	No
Brockway (Township of)	Yes	No	No	No
brooklyn Center, City of	Yes	No	No	Yes
Prooklyn Center EDA	Yes	Yes	No	No
rooklyn Park, City of	Yes	Yes	No	Yes
rooklyn Park, City of EDA	Yes	No	Yes	Yes
rooks, City of	No	Yes	No	No
rooten, City of	No	Yes	No	Yes
Browerville, City of	No	Yes	No	Yes
Brown County Economic Development Partners, Inc.	Yes	Yes	No	No
Buffalo, City of	Yes	Yes	No	No
Buffalo Lake, City of	No	Yes	No	No
Buhl, City of	No ,	Yes	No	Yes
Burns (Township of)	Yes	No	No	No
Burnsville, City of	Yes	No	No	No
Burnsville EDA	Yes	Yes	Yes	Yes

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

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

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

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

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

Agency Name Marshall EDA	Pop >2500	PriorActivity*	2000 Activity **	Rec'd Repo
	Yes	Yes	No	No
Marshall HRA	Yes	Yes	No	No
May (Township of)	Yes	No	No	No
Maynard, City of	No	Yes	No	Yes
MEDA	Yes	Yes	No	No
Medina (corporate name for Hamel)	Yes	No	No	No
Meeker County	Yes	No	No	Yes
Melrose, City of	Yes	No	No	No
Melrose Area Development Authority	Yes	Yes	No	Yes
Melrose HRA	Yes	No	No	No
Mendota Heights, City of	Yes	Yes	No	Yes
Metropolitan Council	Yes	No	No	Yes
Mid-Minnesota Development Commission	Yes	Yes	Yes	Yes
Mille Lacs County	Yes	No	No	Yes
Minneapolis, City of	Yes	No	No	No
Minneapolis Community Development Agecy	Yes	Yes	Yes	Yes
Minneapolis Foundation	Yes	Yes	No	Yes
Minneapolis Foundation's Enterpreneurs Fund	Yes	Yes	No	No
Minneapolis Public Housing Authority	Yes	No	No	Yes
Minnesota Agricultural and Economic Development Board	Yes	Yes	Yes	Yes
Minnesota Planning	Yes	No	No	Yes
Minnesota Pollution Control Agency	Yes	Yes	No	No
Minnetonka, City of	Yes	Yes	No	No
Minnetrista, City of	Yes	No	No	No
MN Department of Agriculture	Yes	No	Yes	Yes
MN Department of Trade and Economic Development	Yes	Yes	Yes	Yes
MN Office of Environmental Assistance	Yes	No	Yes	Yes
MN Rural Finance Authority	Yes	Yes	No	No
Montevideo, City of	Yes	Yes	No	Yes
Montevideo Community Development Corporation	Yes	Yes	Yes	Yes
Montevideo HRA	Yes	No	No	Yes
Montgomery, City of	Yes	Yes	No	No
Monticello, City of	Yes	Yes	Yes	Yes
Monticello EDA	Yes	Yes	Yes	Yes
Monticello HRA	Yes	Yes	No	No
Monticello (Township of)	Yes	No	No	No
Moorhead, City of	Yes	Yes	Yes	Yes
Moose Lake, City of	No	Yes	No	No
Mora, City of	Yes	Yes	No	No
Morris, City of	Yes	No	Yes	Yes
Morrison County	Yes	No	No	Yes
Motley, City of	No	Yes	No	Yes
Mound, City of	Yes	Yes	No	Yes
Mound HRA	Yes	No	Yes	Yes
Mounds View, City of	Yes	Yes	No	No
Mounds View EDA	Yes	No	No	Yes
Mountain Iron, City of	Yes	No	No	No
Mountain Iron HRA	Yes	No	Yes	Yes
Mountain Lake EDA	No	Yes	Yes	Yes
Mower County	Yes	Yes	No	No
Mower County Housing Authority	Yes	No	No	Yes
Murdock, City of	No	Yes	No	No
New Brighton, City of	Yes	No	No	
				No
New Hope, City of	Yes	No	No	Yes
New London (Township of)	Yes	No	No	Yes
New Market (Township of)	Yes	No	No	No
Newport, City of	Yes	No	No	No
New Prague, City of	Yes	Yes	No	Yes
New Scandia (Township of)	Yes	No	No	No
New Ulm, City of	Yes	Yes	Yes	Yes
New Ulm EDA	Yes	No	No	Yes
New York Mills EDA	No	Yes	No	Yes
Nicollet County	Yes	No	No	No
Nobles County	Yes	No	No	No
Norman County	Yes			
		No	No	Yes
North Branch	Yes	Yes	No	No
North Branch EDA	Yes	No	Yes	Yes
Northeast Northland Foundation	Yes	No	No	Yes
North End Area Revitalization, Inc.	No	Yes	No	Yes
	Yes	No	No	No

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

Agency Name	Pop >2500	PriorActivity*	2000 Activity **	Rec'd Report
Northfield, City of	Yes	Yes	No	Yes
Northfield EDA North Mankato, City of	Yes Yes	Yes	No	Yes
North Mankato, North Mankato Port Authority	Yes	Yes	No No	No No
North Oaks, City of	Yes	No	No No	Yes
North Saint Paul	Yes	No	No	No
Northwest MN Foundation	Yes	Yes	No	Yes
Norwood, City of	Yes	No	No	No
Oakdale, City of	Yes	Yes	Yes	Yes
Oak Grove, City of	Yes	No	No	No
Oak Park Heights, City of	Yes	No	No	No
Oak Park Heights EDA	Yes	No	No	Yes
Olivia, City of	No.	Yes	No .	Yes
Olivia EDA	No	Yes	No	Yes
Olmstead County	Yes	No	No	No
Onamia, City of	No	Yes	No	No
Orono, City of	Yes	No	No	No
Osseo, City of	Yes Yes	Yes	No	No
Otsego, City of	Yes	No No	No	Yes
Owatonna, City of Owatonna EDA	Yes	Yes	No Yes	Yes
Park Rapids, City of	Yes	No	No	No
Parkers Prairie, City of	No	Yes	No	No
Paynesville, City of	No	Yes	No	Yes
Pelican Rapids, City of	No	Yes	No	No
Pennington County	Yes	No	No	Yes
Pequot Lakes, City of	No	Yes	Yes	Yes
Perham, City of	No	Yes	No	No
Pierz, City of	No	Yes	No	No
Pine City, City of	Yes	Yes	No	No
Pine Island, City of	No	Yes	No	No
Pipestone EDA	Yes	Yes	No	No
Pipestone, City of	Yes	Yes	No	No
Pipestone County Plainview, City of	Yes	Yes	No No	No Yes
Plainview, City of	No	Yes	No	No
Plymouth, City of	Yes	No	No	Yes
Polk County	Yes	No	No	No
Pope County	Yes	No	No	No
Preston, City of	No	Yes	No	Yes
Princeton, City of	Yes	No	No	No
Princeton HRA	Yes	No	No	Yes
Prior Lake, City of	Yes	Yes	No	Yes
Proctor, City of	Yes	Yes	No	Yes
Ramsey, City of	Yes	Yes	Yes	Yes
Ramsey County HRA	Yes	No	No	Yes
Red Lake Falls, City of	No	Yes	No	Yes
Red Wing, City of	Yes	No	No	No
Red Wing HRA Red Wing Port Authority	Yes Yes	No Yes	No Yes	Yes
Red wing Port Authority	Yes Yes	No	No Yes	Yes
Redwood County Redwood Falls, City of	Yes	Yes	No	Yes
Renville, City of	No	Yes	No	No
Rice Lake (Township of)	Yes	No	No	Yes
Richfield, City of	Yes	Yes	No	No
Richfield HRA	Yes	Yes	Yes	Yes
Robbinsdale, City of	Yes	No	No	Yes
Robbinsdale EDA	Yes	Yes	Yes	Yes
Rochester (Township of)	Yes	No	No	No
Rochester, City of	Yes	Yes	Yes	Yes
Rockford, City of	Yes	No	Yes	Yes
Rockford (Township of)	Yes	No	No	Yes
Rogers, City of	No	Yes	No	No
Roseuu, City of	Yes	Yes	No	Yes
Roseau County	Yes	No	No	Yes
Rosemount, City of	Yes	No	No	No
Rosemount Port Authority	Yes	Yes	Yes	Yes
Roseville, City of	Yes	Yes	No	Yes
Sacred Heart, City of	No	Yes	No	Yes

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

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

Agency Name	Pop >2500	PriorActivity*	2000 Activity **	Rec'd Report
Wabasso, City of	No	Yes	No	No
Waconia, City of	Yes	Yes	No	Yes
Wadena, City of	Yes	Yes	No	No
Waite Park, City of	Yes	No	No	No
Wakefield (Township of)	Yes	No	No	No
Walker, City of	No	Yes	No	No
Warroad Port Authority	No	Yes	No	No
Waseca, City of	Yes	Yes	No	No
Waseca HRA	Yes	Yes	No	Yes
Watab (Township of)	Yes	No	No	Yes
Watertown, City of	Yes	No	No	Yes
Watkins, City of	Yes	Yes	Yes	Yes
Wayzata, City of	Yes	No	No	Yes
Welcome, City of	No	Yes	No	Yes
Wells, City of	No	Yes	No	No
Wells EDA	No	Yes	No	No
West Central Initiative Fund	Yes	Yes	No	No
West Concord, City of	No	Yes	No	No
West Lakeland (Township of)	Yes	No	No	No
West St. Paul, City of	Yes	Yes	No	No
West St. Paul EDA	Yes	No	No	No
Wheaton EDA	No	Yes	No	No
White Bear Lake, City of	Yes	Yes	No	No
White Bear Lake HRA	Yes	Yes	No	No
White Bear (Township of)	Yes	No	Yes	Yes
Wilken County	Yes	No	No	No
Willmar, City of	Yes	Yes	No	Yes
Windom, City of	Yes	No	No	No
Windom, EDA	Yes	No	Yes	Yes
Winnebago, City of	No	Yes	No	Yes
Winona, City of	Yes	No	No	Yes
Winona, Port Authority	Yes	Yes	No	Yes
Woodbury, City of	Yes	Yes	No	No
Woodbury EDA	Yes	Yes	No	Yes
Worthington, City of	Yes	No	Yes	Yes
Wright County	Yes	No	No	No
Wright County Economic Development Partnership	Yes	No	No	Yes
Wyoming, City of	Yes	No	Yes	Yes
Wyoming (Township of)	Yes	No No	No	Yes
Zimmerman EDA	No No	Yes	No	Yes
Zumbrota, City of	Yes	No No	Yes	Yes
Zumbrota EDA	Yes	No	No	Yes
	Yes - 83.1% (442)	Yes - 51.9% (276)		Yes - 54.3% (289)

\* Prior activity is defined as project activity within the past five years.
\*\* 2000 activity is defined as eligible business subsidy and financial assistance agreements entered into between January 1, 2000 and December 31, 2000.

# **APPENDIX D:**

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

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

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

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\* Prior activity is defined as project activity within the past five years.
\*\* 2000 activity is defined as eligible business subsidy and financial assistance agreements entered into between January 1, 2000 and December 31, 2000.

### **APPENDIX E:**

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

1

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

	Grantor Name	Total Amount
	Rochester, City of	\$290,000,000
! L	MN AG & Econ Development Board	\$180,315,000
ł	Richfield HRA MN AG & Econ Development Board	\$59,923,127 \$16,245,269
	Edina HRA	\$3,950,000
	St. Louis Park EDA	\$2,549,450
	Mound HRA	\$1,800,000
	Duluth EDA	\$1,650,000
	Scott County	\$1,290,000
ì	Red Wing Port Authority	\$1,250,000
ĺ.	Blue Earth EDA Burnsville EDA	\$1,248,934 \$1,177,797
	Burnsville EDA	\$1,175,672
	Mpls Community Development Agency	\$1,175,000
•	Rochester, City of	\$1,000,000
	Mpls Community Development Agency	\$965,000
	Sartell, City of	\$729,194
	Shakopee, City of	\$720,000
}	Elk River, City of	\$700,000 \$664,636
	Rosemount Port Authority Ramsey, City of	\$664,636 \$642,000
	Rockford, City of	\$640,000
	Brooklyn Park EDA	\$629,000
1	Iron Range Resources & Rehabilitation Board	\$550,000
	MN Department of Trade and Economic Development	\$500,000
	MN Department of Trade and Economic Development	\$500,000
	Duluth, City of	\$500,000 \$500,000
	Monticello, City of MN Department of Trade and Economic Development	\$500,000
1	Lake City, City of	\$483,075
	Benton County	\$482,000
	MN Department of Trade and Economic Development	\$470,000
	Maple Grove, City of	\$466,000
	Long Lake EDA	\$465,000 \$450,000
	Detroit Lakes, City of White Bear Township	\$439,566
÷	Oakdale, City of	\$432,000
	Le Center, City of	\$400,000
	Coon Rapids, City of	\$366,373
	New Ulm, City of	\$350,000
	Iron Range Resources & Rehabilitation Board Ramsey, City of	\$350,000 \$349,589
	Chaska EDA	\$345,000
	Lakeville, City of	\$336,288
	Brooklyn Park EDA	\$336,000
	Glyndon, City of	\$335,000
	Albany, City of	\$330,000 \$329,251
	Litchfield, City of Mountain Lake EDA	\$300,000
	MN Department of Trade and Economic Development	\$300,000
	Scott County	\$300,000
	Burnsville EDA	\$294,000
	Brooklyn Park EDA	\$286,000
	MN Department of Trade and Economic Development Hugo, City of	\$285,000 \$261,000
:	Brooklyn Park EDA	\$255,000
	Ramsey, City of	\$252,806
	Mound HRA	\$250,000
	MN Department of Trade and Economic Development	\$250,000
J	Austin, City of	\$237,978
	Moorhead City of MN Department of Trade and Economic Development	\$234,300 \$233,300
	Zumbrota, City of	\$225,500 \$225,500
	Chisago County HRA-EDA	\$229,000
J	MN Department of Trade and Economic Development	\$225,000
	MN Dept of Agriculture	\$225,000
ł	Pequot Lakes, City of	\$223,000
	Owatonna EDA St. Charles, City of	\$211,065 \$210,200
2	St. Charles, City of Spring Valley, City of	\$210,200 \$210,000
	Pine River, City of	\$205,000
	Savage, City of	\$200,000
Ì	MN Department of Trade and Economic Development	\$200,000
·	MN Department of Trade and Economic Development	\$200,000 \$199,000
	MN Department of Trade and Economic Development	\$177,00U

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

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

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

Median Value

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\$175,000

## **APPENDIX F:**

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

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

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

Median Value

\$78,655
# **APPENDIX G:**

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

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

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

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

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

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

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

# **APPENDIX H:**

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

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

Agency Name	Recipient Name	Prior Activity *	Rec'd Report **	Goals Achieved ***
Calendonia, City of	Caledonia Lodging L.L.C.	No	Yes	Yes
Cannon Falls, City of	Lorentz Meats	No	Yes	No
Chisago County HRA-EDA	Higley Cabinets	No	Yes	Yes
Detriot Lakes, City of	Action Fabricating	No	Yes	Yes
Houston County	Caledonia Lodging L.L.C.	No	Yes	Yes
Jordan, City of	Propellant Marketing Group, Inc.	No	Yes	Yes
LeCenter, City of	Francis & Margaret Smith/S & J Transport	No	Yes	n/a
Little Falls, City of	Larson/Glastron Boats, Inc.	No	Yes	No
MN Department of Trade and Economic Development	Emerald Manufacturing, Inc.	No	Yes	No
MN Department of Trade and Economic Development	Axis Minnesota, Inc.	No	Yes	No
MN Department of Trade and Economic Development	Land of Lakes Stone/GEM Corp	No	Yes	Yes
MN Department of Trade and Economic Development	Aaron Carlson Woodwork	No	Yes	No
MN Department of Trade and Economic Development	T&R Properties	No	Yes	No
MN Department of Trade and Economic Development	Health Postures	No	Yes	No
Moorhead, City of	Dr. Jeffrey and Sherryl Harvey	No	Yes	Yes
Northfield, City of	MDC Development	No	Yes	Yes
Ramsey, City of	Intech Industries	No	Yes	No
West St. Paul, City of	Signal Hills Company II, LLP	No	Yes	No
	· · · · · · · · · · · · · · · · · · ·		·	Yes - 44.4 (8)
n/a = not applicable or missing data				No - 50.0% (9)
				1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

n/a - 5.6% (1)

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

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

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

# **APPENDIX I:**

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

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

Agency Name	Business Receiving Assistance	Dollar Value
MN Department of Trade and Economic Development	Alexandria Extrusion	\$500,000 \$500,000
New Prague, City of MN Department of Trade and Economic Development	MN Valley Engineering Advanced Circuits Inc	\$500,000 \$406,000
St. Paul Port Authority	The Norgen Group LLC (Brissman Kennedy)	\$496,000 \$463,478
White Bear Township	Com-tal Machine & Engineering	\$460,000
Fountain, City of	Valley Design Inc	\$453,050
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 5	\$451,000
Duluth EDA	J.M.M. Limited Partnership	\$450,000
Ramsey, City of	Anderson & Dahlen Inc	\$441,000
Renville, City of	Midwest Investors dba Golden Oval Eggs	\$434,819
Lakeville, City of	Di-Hed Yokes Inc	\$433,644
Brooklyn Park EDA	Ryan Companies/Interstate Business Center II	\$429,750
Red Wing Port Authority	Knudsen Enterprises	\$425,000
Burnsville EDA	R.D.A. LLC	\$421,130
St. Paul Port Authority Burnsville EDA	National Checking Co. Bluffs West Partnership	\$418,176
Detroit Lakes, City of	Midwest MN Community Development Corp	\$410,124 \$409,250
St. Paul Port Authority	G & K Services Inc	\$405,979
Breezy Point, City of	Whitebirch Inc	\$400,020
Brooks, City of	Paradis Bros LLP	\$390,867
Burnsville EDA	Quality Ingredients Corp	\$376,684
MN Department of Trade and Economic Development	Electric Machinery Co (Mpls)	\$375,000
St. Paul Port Authority	Summit Brewing Co.	\$366,667
Gaylord, City of	Unified Container Solutions Inc	\$364,500
MN Department of Trade and Economic Development	Onan ( Fridley)	\$360,000
Burnsville EDA	Peter J. Smith	\$359,199
MN Department of Trade and Economic Development	Com-Tal (WBT)	\$350,000
MN Department of Trade and Economic Development	Alexandria Extrusion	\$350,000
St. Paul Port Authority	Viking Automatic Sprinkler	\$348,479
Rockford, City of	Minnesota Diversified Products	\$343,236
Burnsville EDA White Bear Township	Industrial Equities LLP	\$335,200
Burnsville EDA	St. Croix Valley Hardwoods Southern Lights Inc	\$335,000 \$325,735
Lakeville, City of	Hearth Technologies Inc	\$323,738
Burnsville EDA	Aquila Corporation dba BELCORP	\$317,120
Ramsey, City of	Direct Enclosures Inc.	\$311,052
Fergus Falls, City of	Norcon Resources LLP	\$302,300
MN Department of Trade and Economic Development	United Parcel Service (Maple Grove)	\$300,000
Eagan, City of	Roseville Properties	\$300,000
MN Department of Trade and Economic Development	Cardiac Pacemakers (Arden Hills)	\$300,000
MN Department of Trade and Economic Development	Cardiac Pacemakers (Arden Hills)	\$300,000
New Brighton, City of	Brighton East Office Center	\$300,000
Duluth EDA	Holiday Inn of Tucumcari for Canal Park Inn	\$300,000
New Brighton, City of MD Department of Trade and Economic Development	Brighton East Office Center General Litho Services (Brooklyn Park)	\$300,000
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Amsolnew Flyer of America (Crookston)	\$300,000 \$300,000
MN Department of Trade and Economic Development	K-Bar Industries Inc.	\$300,000
Burnsville EDA	Skyservice Investments LLP	\$297,859
Sartell, City of	Care Call	\$295,667
MN Department of Trade and Economic Development	Point Rejuvenate/Kidspeace	\$293,000
Rochester, City of	Gauthier Industries	\$291,000
Swift County	Custom Ag Products Inc	\$275,000
Burnsville EDA	Tires Plus Group Ltd	\$272,796
Moorhead, City of	DAAN Development of Moorhead LLC	\$270,800
Burnsville EDA	Paul F. Gonyea	\$267,328
Melrose Area Development Authority	Melrose Marine & sports Inc	\$255,600
Anoka, City of	Midwest Fixture Group	\$252,700
St. Paul Port Authority	Siewert Properties LLc (Ideal Printers Inc.)	\$252,648
New Ulm, City of MN Department of Trade and Economic Development	Palm Beach Marinecraft Inc ADC Telecommunications (Shakopee)	\$250,000 \$250,000
MN Department of Trade and Economic Development MN Department of Trade and Economic Development	Copper Sales (Anoka)	\$250,000 \$250,000
Montevideo, City of	SL Montevideo Technology	\$250,000 \$250,000
MN Department of Trade and Economic Development	Air Tec-Acquistion (Anoka)	\$250,000
Brainerd, City of	Meridan Properties	\$250,000
MN Department of Trade and Economic Development	Hennepin Paper Co.	\$250,000
Woodbury, City of	Technical Properties LLC	\$249,900
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Agency Name Anoka, City of	Business Receiving Assistance Meier Tool	Ī	Dollar Value
Faribault, City of	Jerome Foods, The Turkey Store		\$246,422 \$245,000
	Burnsville Showcase LLP		\$245,000 \$240,600
Burnsville EDA			\$240,690
St. Paul Port Authority	EMC Corp		\$240,000
St. Paul Port Authority	Guinee Family Limited Partnership (Miratec Systems Inc)		\$237,837
Winsted, City of	RAM Buildings Inc.		\$237,464
Burnsville EDA	Bluffs West Partnership (II)		\$236,491
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 2		\$235,000
Anoka, City of	Kenmark Partnership (Capco)		\$232,162
Duluth EDA	Canal Properties Inc. for Hampton Inn		\$230,000
Gaylord, City of	Gold Leaf Inn & Suites		\$223,155
MN Department of Trade and Economic Development	Webway		\$220,000
St. Peter, City of	St. Peter Cinema 5 LLC		\$220,000
North Branch EDA	New Town Furniture Inc		\$220,000
Hugo, City of	Schwieters Properties		\$212,188
Burnsville EDA	Hoyt Properties Inc		\$203,184
MN Department of Trade and Economic Development	Homecrest Industries Inc		\$200,814
Lakeville, City of	Itron		\$200,000
MN Department of Trade and Economic Development	Cross Consulting Group		\$200,000
MN Department of Trade and Economic Development	MN Diversified Industries (Mpls)		\$200,000
LeCenter, City of	Goldsneye Products		\$200,000 \$200,000
MN Department of Trade and Economic Development	Vision Ease (Ramsey)		\$200,000
MN Department of Trade and Economic Development	Rainbow Signs (Anoka)		
			\$200,000 \$200,000
MN Department of Trade and Economic Development	Gold'N'Plump Poultry		\$200,000
MN Department of Trade and Economic Development	Dixie Carbonic Inc		\$200,000
MN Department of Trade and Economic Development	Reinhart Food Service (Rogers)		\$199,500
Austin, City of	Austin Packaging Co		\$199,000
MN Department of Trade and Economic Development	Product Research & Dev (Bagley)		\$199,000
MN Department of Trade and Economic Development	Fagen Engineering Inc		\$197,000
MN Department of Trade and Economic Development	American Business Forms		\$195,000
Burnsville EDA	Nicollet Cliff Company LLC		\$193,808
Anoka, City of	Retailer Service Corp		\$188,359
White Bear Township	Water Gremlin Co.		\$188,313
MN Department of Trade and Economic Development	Amsopolaris Industries Inc (Roseau)		\$182,500
Brooklyn Park EDA	Crossroads North Business Center 3		\$182,000
Monticello HRA	Midwest Graphics and Response Systems Inc		\$181,000
Burnsville EDA	The Hegedus Family LLP		\$180,000
Burnsville EDA	Rivers Edge Partners LLP		\$178,300
Benton County	Bauerly Brothers Inc		\$176,000
MN Department of Trade and Economic Development	Possis Medical (Coon Rapids)		\$175,000
Faribault, City of	Bridgewater Tech., Inc.		\$175,000
Burnsville EDA	F.R. Acquisitions Inc	1	\$173,449
MN Department of Trade and Economic Development	Stearns Bank/Equipment Leasing		\$170,000
Chisago County HRA-EDA	South Dakota Furniture Mart		\$170,000
Wells, City of	Wells Super Valu Grocery		•
			\$165,689
Faribault, City of	MDC Development LLD	11 A. A.	\$160,000
Luverne EDA	Kevin Aaker		\$153,000
MN Department of Trade and Economic Development	Windland Electronics Inc.		\$150,000
MN Dept of Agriculture	Haubenschild Farm Inc		\$150,000
MN Department of Trade and Economic Development	St. Croix Valley Hardwoods (WBT)		\$150,000
Benton County	St. Cloud Tire		\$150,000
Perham, City of	Richard T. Bucholz		\$150,000
Lakeville, City of	Verified Credentials Inc		\$150,000
Welcome, City of	Easy Systems Inc		\$150,000
Perham, City of	Minnesota Metalworks Inc		\$150,000
Wabasso, City of	Jonti-Craft		\$150,000
Luverne EDA	Tri State Ins		\$150,000
Fergus Falls, City of	MRLB International Inc		\$150,000
St. Peter EDA	Citizens Scholarship Foundation		\$150,000
Perham, City of MN Department of Trade and Feenamic Development	Industrial Finishing Services		\$150,000 \$150,000
MN Department of Trade and Economic Development	Tri State Insurance		\$150,000 \$150,000
MN Department of Trade and Economic Development	Jonti Craft Inc.		\$150,000
St. Peter EDA	Blake Dirks OD		\$150,000
Montevideo City of	SRK, LLC		\$150,000
Melrose Area Development Authority	Funky's Restaurant & Lounge		\$150,000
Montevideo CDC	Genesis Properties		\$150,000

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

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

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

Median Value

\$162,845

# **APPENDIX J:**

### Listing of Agencies that Held a Public Hearing and Adopted Criteria in 2001 Per M.S. § 116J.993 - § 116J.995

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Agency Name	Public Hearing Held	Criteria Submitted
Afton, City of	No	No
Aitkin, City of	Yes	Yes
Aitkin County	Yes	No/RLF
Albany, City of	Yes	Yes
Albert Lea Port Authority	No	Yes
Albert Lea, City of	Yes	Yes
Albertville, City of	Yes	Yes
Alexandria, City of	Yes	Yes
Alexandria (Township of)	No	No
Andover, City of Annandale, City of	No Yes	No Yes
Annandale, City of	Yes	Yes
Anoka, City of	Yes	Yes
Anoka County	No	No
Apple Valley, City of	Yes	Yes
Arden Hills, City of	No	No
Arrowhead Regional Development Commission	Yes	Yes
Austin, City of	Yes	Yes
Bagley, City of	No	No
Baldwin (Township of)	No	No
Barnesville EDA	Yes	Yes
Baxter, City of	Yes	Yes
Bayport, City of	No	No
Becker, City of	Yes	Yes/2000
Becker, City of, EDA Becker County, EDA	Yes	Yes No
Becker (Township of)	No	No
Belle Plaine, City of	Yes	Yes
Belle Plaine EDA	No	No
Beltrami County HRA	No	No No
Belview, City of	Yes	Yes
Bemidji, City of	No	No
Bemidji (Township of)	No	No
Benson, City of	Yes	Yes
Benson, EDA	No	No
Benson, HRA	No	No
Benton County	Yes	Yes/2000
Big Lake, City of	Yes	Yes
Big Lake EDA Big Lake (Township of)	Yes No	Yes No
Big Stone County	No	No
Blaine, City of	No	No
Blaine, City of Blaine Area Development Company	Yes	Yes
Blaine EDA	Yes	Yes/2000
Blooming Prairie, City of	No	No
Bloomington, City	No	No
Bloomington Port Authority	No	No
Blue Earth, City of	No	No
Blue Earth EDA	Yes	Yes
Bradford (Township of)	No	No
Brainerd, City of	Yes	Yes
Brandon EDA	No	No
Breckenridge, City of	Yes	No
Breckenridge HRA	No	No
Breezy Point, City of Breezy Point EDA	No	No
Breezy Point EDA Brockway (Township of)	No No	<u>No</u>
Brooklyn Center, City of	Yes	No Yes
Brooklyn Center EDA	Yes	Yes/2000
Brooklyn Park, City of	Yes	Yes
Brooklyn Park, City of EDA	Yes	Yes
Brooks, City of	No	No
Brooten, City of	Yes	No
Browerville, City of	No	No
Brown County Economic Development Partners, Inc.	No	No
Buffalo, City of	No	No
	No	No
Buffalo Lake, City of	110	
Buhl, City of	Yes	No/RLF
Buffalo Lake, City of Buhl, City of Burns (Township of) Burnsville, City of		

### Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995

Agency Name	Public Hearing Held	Criteria Submitted
Burnsville EDA	Yes	Yes
Business Development Inc. (Fergus Falls)	No No	<u>No</u>
Byron, City of Caledonia, City of	Yes	Yes
Caledonia EDA	No	Yes/2000
Calumet, City of	No	No
Cambridge, City of	Yes	Yes/2000
Cambridge HRA	No	No
Canby, City of	No	No
Cannon Falls, City of	No	No
Cannon Falls EDA	No	No
Carlton County	No	No
Carver County	No	No
Cascade (Township of)	No	No
Cass County	Yes	No
Cass County HRA	No	No
Centerville, City of	Yes	Yes/2000
Central Minnesota Initiative Fund Champlin, City of	No No	No No
Champlin, EDA	Yes	Yes/2000
Champini, EDA Chanhassen, City of	Yes	Yes/2000
Chaska, City of	Yes	Yes
Chaska EDA	Yes	Yes
Chatfield, City of	Yes	No
Chippewa County	Yes	No
Chippewa County HRA	No	No
Chisago City, City of	No	No
Chisago County HRA - EDA	Yes	Yes
Chisago Lake (Township of)	No	No
Chisholm, City of	No	No
Circle Pines, City of	No	No
Claremont, City of	No	No
Clarissa, City of	No	No
Clearwater County	Yes	Yes
Cloquet, City of Cokato, City of	No	Yes No
Cold Spring, City of	No	No
Collegeville (Township of)	No	No
Columbia Heights, City of	No	No
Columbia Heights EDA	No	No
Columbus (Township of)	No	No
Cook County	No	No
Coon Rapids, City of	Yes	Yes
Corcoran, City of	No	No
Cosmos, City of	No	No
Cottage Grove, City of	Yes	Yes
Cottage Grove EDA	No	No
Cottonwood, City of	Yes	Yes
Cottonwood County	Yes	Yes
Credit River (Township of) Crookston, City of	No	No
Crookston, City of	No No	No No
Crosby, City of	<u>No</u>	No
Crossly, City of	No	No
Crystal, City of	No	No
Dakota County	No	No
Dakota County Community Development Agency	Yes	Yes/2000
Dayton, City of	No	No
Deephaven, City of	No	No
Delano, City of	Yes	Yes
Detroit Lakes, City of	Yes	No
Detroit Lakes Dev. Authority	No	No
Dilworth, City of	Yes	Yes
Dodge Center, City of	No	No
Douglas County	No	No
Douglas County HRA	No	No
Duluth, City of	Yes	Yes
Duluth EDA	Yes	Yes
Duluth HRA	No	No
Duluth Seaway Port Authority	Yes	Yes

Agency Name	Public Hearing Held	Criteria Submitted
Dundas, City of	No	No
Dunnell, City of	No	No
Eagan, City of East Bethel, City of	Yes	Yes/2000
East Central Regional Dev. Commission	NO NO	<u> </u>
East Grand Forks, City of	No	No
East Grand Forks EDHA	No	No
Eden Prairie, City of	Yes	Yes
Eden Valley, City of	Yes	Yes
Edina, City of	No	100
Edina HRA	Yes	No/Agreement
Elbow Lake, City of	No	No
Elk River, City of	Yes	Yes
Elk River EDA	Yes	Yes
Elk River HRA	Yes	Yes
Ely, City of	No	No
Ely HRA	No	No
Eveleth, City of	No	No
Eveleth EDA	No	No
Fairmount, City of	Yes	Yes
Falcon Heights, City of	No	No
Faribault, City of	Yes	Yes Ves/2000
Faribault County Local Redevelopment Agency Faribault EDA	Yes	Yes/2000
Faribault EDA	Yes	Yes Yes/2000
Farmington HRA	Yes	Yes
Fergus Falls, City of	Yes	Yes
Fergus Falls Port Authority	No	No
Fillmore County	No	No
Foley, City of	No	No
Forest Lake, City of	Yes	Yes
Forest Lake HRA	No	No
Forest Lake (Township of)	No	No
Fountain, City of	No	No
Franklin (Township of)	No	No
Freeborn County HRA	No	No
Fridley, City of	Yes	No
Fridley HRA	Yes	Yes/2000
Frogtown Action Alliance	No	No
Garrison, City of	No	No
Gaylord, City of	No	No
Glencoe, City of Glenwood, City of	Yes	Yes
Glyndon, City of	Yes	No Yes
Golden Valley, City of	No	No
Goodhue County	No	No
Goodview, City of	No	No
Grand Lake (Township of)	No	<u>No</u>
Grand Rapids, City of	No	No
Grand Rapids EDA	Yes	Yes
Grand Rapids Township	No	No
Granite Falls, City of	No	No
Granite Falls EDA	Yes	Yes/2000
Granite Falls HRA	No	No
Grant, City of	No	No
Grant County	No	No
Grant (Township of)	No	No
Grey Eagle, City of	No	No
Grygla, City of	No	No
Ham Lake, City of	Yes	Yes
Harris (Township of)	No	No
Hassan (Township of)	No	No
Hastings, City of	Yes	Yes
Henderson, City of Hennepin County	No No	No
Henning, City of, EDA	NO Missing Data	No Missing Data
Hermantown, City of	No No	No No
Hibbing EDA	No	No
Hibbing, City of	No	No
Hinckley, City of	No	No

Agency Name	Public Hearing Held	Criteria Submitted
Hopkins, City of	Yes	Yes
Hopkins HRA Howard Lake	Yes	Yes Yes
Howard Lake		No
Hugo, City of	Yes	Yes
Hutchinson, City of	No	No
Hutchinson Community Development Commission	Yes	Yes
independence, City of	No	No
International Falls, City of	No	No
nver Grove Heights, City of fron Range Resources and Rehabilitation Board (IRRRB)	Yes Other	Yes/2000
isanti County	No	Other
tasca County	No	No
ackson, City of	Yes	Yes
Jackson County (Revolving Loan Fund)	Yes	No
Jenkins, City of	Yes	No/TIF Plan
Joint Economic Development Commission	No	No
lordon, City of	Yes	Yes/2000
Kanabee County Kandiyohi County HRA	No No	<u> </u>
Kandiyohi County Rika Kandiyohi County Rural Development Finance Authority	No	No
Karlstad EDA	No	No
Kasson, City of	Yes	No/Guidelines
Keewatin, City of	Yes	Yes/2000
Kiester EDA	Yes	Yes/2000
Kimball, City of	Yes	Yes
Kittson County	No	No
Koochiching Development Authority	Yes	YesNo
Lac qui Parle County	Yes	Yes
La Grand (Township of)	No	No
Lake City, City of	Yes	Yes
Lake County	No	No
Lake Elmo	No	No
Lake of the Woods County	No	No
Lakeville, City of	Yes	Yes/2000
La Prairie, City of	No Yes	No Yes
Lauderdale, City of Le Center, City of	No	No
Let (Township of)	No	No
Leroy, City of	No	No
Lester Prairie, City of	No	No
Le Sueur, City of	No	No
Le Sueur EDA	Yes	Yes/2000
Le Suer County	No	No
Le Sueur County HRA	No	No
Lindstrom, City of Lino Lakes, City of	No No	<u> </u>
Lino Lakes EDA	Yes	Yes/2000
Linwood (Township of)	No	No
Litchfield, City of	Yes	Yes
Little Canada, City of	No	No
Little Falls, City of	Yes	Yes
Livonia (Township of)	No	No
Long Lake, City of	No	No Yes
Long Lake EDA Long Prairie, City of	Yes	No Yes
Long Prane, City of	No	No
Luverne EDA	Yes	Yes
Luverne HRA	Yes	Yes/2000
Lyon County	No	No
McLeod County HRA	No	No
Madelia, City of	No	No
Madison Lake, City of	Yes	Yes/2000
Mahnomen County	No	No
Mahtomedi, City of	Yes	Yes
Mankato, City of	No Yes	No Yes
Maple Grove, City of Maple Lake, City of	No	<u> </u>
Maple Lake, City of Maple Plain, City of	No	No

Agency Name	Public Hearing Held	Criteria Submitted
Mapleton, City of	Yes	Yes
Maplewood, City of	No	No
Marion (Township of) Marshall, City of	No Yes	No Var/2000
Marshall EDA	Yes	Yes/2000 Yes/2000
Marshall HRA	Yes	Yes/2000
May (Township of)	No	No
Maynard, City of	No	No
MEDA	No	No
Medina (corporate name for Hamel)	No	No
Meeker County	Yes	Yes
Melrose, City of	No	No
Melrose Area Development Authority	Yes	Yes
Melrose HRA	No	No
Mendota Heights, City of	Yes	No
Metropolitan Council	No	No
Mid-Minnesota Development Commission	Other	o/RLF - Federal Compliance
Milaca, City of	Other	No/RLF - Development Fund
Mille Lacs County	No	No
Minneapolis, City of	No	No
Minneapolis Community Development Agecy	Yes	Yes
Minneapolis Foundation	No	No
Minneapolis Foundation's Enterpreneurs Fund	No	No
Minneapolis Public Housing Authority Minnesota Agricultural and Economic Development Board	No	No
Minnesota Agricultural and Economic Development Board Minnesota Planning	Yes	No No
Minnesota Planning Minnesota Pollution Control Agency	No	<u>No</u>
Minnetonka, City of	No	No No
Minnetrista, City of	No	No No
MN Department of Agriculture	No No	No
MN Department of Trade and Economic Development	Yes	Yes
MN Office of Environmental Assistance	No	No
MN Rural Finance Authority	No No	No
Montevideo, City of	Yes	Yes/2000
Montevideo Community Development Corporation	Yes	Yes/2000
Montevideo HRA	No	No
Montgomery, City of	No	No
Monticello, City of	Yes	Yes
Monticello EDA	Yes	Yes
Monticello HRA	Yes	Yes
Monticello (Township of)	No	No
Moorhead, City of	Yes	Yes/2000
Moose Lake, City of	Yes	Yes/2000
Mora, City of	No	No
Morris, City of	Yes	Yes
Morrison County Mother City of	No	No
Motley, City of	No	No
Mound, City of Mound HRA	Yes	Yes Yes
Mound HKA Mounds View, City of	Yes	Yes Yes/2000
Mounds View, City of	Yes	Yes
Mountain Iron, City of	Yes	Yes/2000
Mountain Iron, English	Yes	Yes
Mountain Lake EDA	Yes	Yes/2000
Mower County	No No	<u>No</u>
Mower County Housing Authority	No	No
Murdock, City of	No	No
New Brighton, City of	No	No
New Hope, City of	Yes	Yes
New London (Township of)	No	No
New Market (Township of)	No	No
Newport, City of	No	No
New Prague, City of	Yes	Yes
New Scandia (Township of)	No	No
New Ulm, City of	Yes	Yes
New Ulm EDA	Yes	Yes
New York Mills EDA	No	No
Nicollet County	No	No
Nobles County	Yes	Yes/2000
Norman County	No	No

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### Listing of Agencies that Held a Public Hearing and Adopted Criteria Per M.S.116J.993 - M.S.116J.995

Agency Name	Public Hearing Held	Criteria Submitted
North Branch, City of	Yes	Yes/2000
North Branch EDA	Yes	No/City Policy
Northeast Northland Foundation North End Area Revitalization, Inc.	No	No
North End Area Revitalization, Inc.	Other	Other/Established by DTEE No
Northfield, City of	Yes	Yes
Northfield EDA	Yes	Yes
North Mankato, City of	Yes	Yes/2000
North Mankato, North Mankato Port Authority	Yes	Yes/2000
North Oaks, City of	No	No
North Saint Paul	No	No
Northwest MN Foundation	Other	Other/Established by DTEE
Norwood, City of	No	No
Oakdale, City of	Yes	Yes
Oak Grove, City of	No	No
Oak Park Heights, City of	Yes	Yes/2000
Oak Park Heights EDA	Yes	No/City Policy
Olivia, City of Olivia EDA	No No	No No
Olmstead County	No	No No
Onamia, City of	No	No
Orono, City of	No	No
Osseo, City of	No	No
Otsego, City of	No	No
Owatonna, City of	Yes	Yes
Owatonna EDA	Yes	Yes
Park Rapids, City of	No	No
Parkers Prairie, City of	Yes	Yes/2000
Paynesville, City of	Yes	Yes
Pelican Rapids, City of	No	No
Pennington County	No	No
Pequot Lakes, City of	Yes	Yes/2000 .
Perham, City of	No	No
Pierz, City of	No	No
Pine City, City of	No	No
Pine Island, City of Pine River, City of	No Yes	No Yes
Pipestone EDA	Yes	Yes/2000
Pipestone, City of	Yes	Yes/2000
Pipestone County	No	No
Plainview, City of	No	No
Plato, City of	No	No
Plymouth, City of	No	No
Polk County	No	No
Pope County	No	No
Preston, City of	No	No
Princeton, City of	Yes	Yes/2000
Princeton HRA	No	No
Prior Lake, City of	Yes	Yes
Proctor, City of	Yes	Yes
Ramsey, City of	Yes	Yes
Ramsey County HRA	No	No
Red Lake Falls, City of	No	No Nov (2000
Red Wing, City of Red Wing HRA	Yes	Yes/2000
Red Wing Port Authority	No Yes	No Yes/Resolution - 2000
Red wing Port Authority Redwood County	No Yes	Yes/Resolution - 2000 No
Redwood Falls, City of	Yes	Yes
Renville, City of	No	No
Rice Lake (Township of)	No	No
Richfield, City of	Yes	Yes/2000
Richfield HRA	Yes	Yes
Robbinsdale, City of	Yes	Yes
Robbinsdale EDA	Yes	Yes
Rochester (Township of)	No	No
Rochester, City of	Yes	Yes
Rockford, City of	Yes	Yes
Rockford (Township of)	No	No
Rogers, City of	No	No
Roseau, City of	No	No

Agency Name	Public Hearing Held	Criteria Submitted
Roseau County	No	No
Rosemount, City of	No	No
Rosemount Port Authority	Yes	Yes
Roseville, City of Sacred Heart, City of	No No	No
Saint Anthony, City of	Yes	No Yes
Saint Anthony, City of Saint Anthony Village	No	No
Saint Augusta (Township of)	No	No
Saint Augusta (Township of)	Yes	Yes
Saint Cloud, City of	No	No
Saint Cloud, HRA	Yes	Yes/2000
Saint Francis, City of	No	No
Saint James, City of	No	No
Saint James HRA	No	No
Saint Joseph, City of	Yes	Yes
Saint Joseph (Township of)	No	No
Saint Louis County	Yes	Yes
Saint Louis Park, City of	Yes	Yes
aint Louis Park EDA	Yes	Yes
Saint Michael, City of	No	No
Saint Paul, City of	No	No
aint Paul Park, City of	No	<u>No</u>
aint Paul Planning and Economic Development	Yes	Yes/2000
aint Paul, Port Authority of aint Peter, City of	Yes No	Yes/2000 No
Saint Peter, City of	Yes	No
Sartell, City of	Yes	Yes
Sauk Centre, City of	Yes	Yes/2000
Sauk Rapids, City of	Yes	Yes/2000
Sauk Rapids HRA	Yes	Yes/2000
Savage, City of	Yes	Yes
Savage EDA	Yes	No/City Policy
Scott County	Yes	Yes
Sebeka, City of	No	No
Shakopee, City of	Yes	Yes
Shoreview, City of	Yes	Yes
Shorewood, City of	No	No
Slayton EDA	No	No
Sleepy Eye, City of	No	No
Sleepy Eye EDA	Yes	Yes
South Saint Paul, City of	Yes	Yes
South St. Paul HRA	Yes	Yes
South East and South Central Minnesota Initiative Fund	No	No
Southwest Minnesota Foundation	No	No
Southwest Regional Development Commission	No Yes	<u>No</u> Yes/2000
Spicer, City of	Yes	Yes
Spring Grove, City of	Yes	Yes
Spring Lake Park, City of	No	No
Spring Lake Park Township	No	No
Spring Valley, City of	Yes	Yes
Spring Valley EDA	Yes	Yes/2000
Staples, City of	Yes	Yes
Staples EDA	Yes	Yes
Stearns County	Yes	Yes/2000
Stearns County HRA	Yes	Yes
Steele County	No	No
stevens County	No	No
tewartville, City of	No	No
tillwater, City of	Yes	Yes
tockton, City of	No	No
Swift County	Yes	Yes
Swift County HRA	Yes	No
Swift County RDA	Yes	No
Thief River Falls, City of	Yes	Yes
Traverse County	No	No
Fhomson (Township of)	No	No
Two Harbors, City of	Yes	Yes
Two Harbors Development Commission Jpper Minnesota Valley Regional Development Commission	Yes No	Yes
	1 100	No

Agency Name	Public Hearing Held	Criteria Submitted
Jrban Initiative Board/Milestone Growth Fund	No	No
Vadnais Heights, City of	No	No
Verndale, City of	No	No
Victoria, City of	No	No
Villard, City of	No	No
Virginia, City of	No	No
Wabasha, City of	Yes	Yes/2000
Wabasso, City of	No	No
Waconia, City of	No	No
Wadena, City of	No	No
Waite Park, City of	No	No
Wakefield (Township of)	No	No
Walker. City of	No	No
Warroad Port Authority	No	No
Waseca, City of	No	No
Waseca HRA	No	No
Watab (Township of)	No	No
Watertown, City of	Yes	Yes
Waterville, City of		Yes
	Yes	
Watkins, City of	Yes	Yes
Wayzata, City of	No	No
Welcome, City of	No	No
Wells, City of	Yes	Yes/2000
Wells EDA	Yes	Yes/2000
West Central Initiative Fund	No	No
West Concord, City of	No	No
West Lakeland (Township of)	No	No
West St. Paul, City of	Yes	No/EDA Resolution
West St. Paul EDA	No	No/Resolution
Wheaton EDA	No	No
White Bear Lake, City of	No	No
White Bear Lake HRA	No	No
White Bear (Township of)	Yes	Yes
Wilken County	Yes	Yes/2000
Willmar, City of	No	No
Windom, City of	Yes	Yes/2000
Windom, EDA	Yes	Yes/2000
Winnebago, City of	Yes	Yes
Winona, City of	Yes	Yes
Winona, Port Authority	Yes	Yes
Winsted, City of	Yes	Yes
Woodbury, City of	Yes	Yes/2000
Woodbury EDA	Yes	Yes
Worthington, City of	Yes	Yes/2000
Wright County	No	No
Wright County Economic Development Partnership	No	No
Wyoming, City of	Yes	Yes
Wyoming (Township of)	No -	No
Zimmerman EDA	No	No
Zumbrota, City of	Yes	Yes
Zumbrota EDA	Yes	Yes
	Yes - 42.5% (230)	Yes - 38.8% (210)
	No - 56.4% (305)	No - 60.4% (327)
	Other $-0.9\%$ (5)	Other - 0.6% (3)

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

# **APPENDIX K:**

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

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

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

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

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

# **APPENDIX L:**

**County Representation in DTED Economic Development Regions** 

# APPENDIX L County Representation in DTED Economic Development Regions



# **APPENDIX M:**

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



# 2001 Minnesota Business Assistance Form

# RECEIVED JUL 1 7 2001

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity)</li> <li>City of Andover</li> </ol>	2. Name of person completing this form David Carlberg		
3. Street address 1685 Crosstown Blvd. NW	4. City Andover	5. ZIP code 55304	
6. County         7. Phone number           Anoka         (763) 755-5100	8. Fax number (763) 755-8923	9. E-mail address dcarlberg@ci.andove:	r.mr
10. Please indicate who in your organization should receive the Finance Jim Dickinson, Director 763 755-5100 Phone number	2002 MBAF if different from the 1685 Crosstown Street address		, м 55:
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	eated by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in		
XXCity government County government Regional government State government Other (Please specify.)	<ul> <li>23 Yes (Indicate hearing date - 6/20/00) attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
13 Has your organization signed any agreements to award a bus	iness subsidy or financial assista	nce from January 1, 2000	1

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

□ Yes (Complete the remainder of the form.)

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

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·			
コ Yes (Indicate name and address of parent corporation below. コ No	If more than one, in	dicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

### Section 5 Recipients Failing to Fulfill Obligations

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

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Ostmarked 7/6/01

Page 4 of 4

Department of Trade and Economic Development



### ANDOVER ECONOMIC DEVELOPMENT AUTHORITY COUNTY OF ANOKA STATE OF MINNESOTA

#### RES. NO. EDA 007-00

### A RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA.

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Andover Economic Development Authority that the business subsidy criteria, contained in Exhibit A of this resolution are hereby approved, ratified, established, and adopted and shall be placed on file in the office of the City Clerk.

Adopted by the EDA of the City of Andover on this  $20^{\text{th}}$  day of June 2000.

ATTEST:

Michael Knight, Secretary

CITY OF ANDOVER

4. E. Mc Kelver



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

### 1 PURPOSE AND AUTHORITY

- 1.1 The purpose of this document is to establish the criteria for the Andover Economic Development Authority (the Grantor) for granting of business subsidies for private development. These criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.2 The EDA's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the Statutes).
- 1.3 Unless specifically excluded by the Statutes, business subsidies include grants by state or local government agencies, contributions of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient of the subsidy, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.
- 1.4 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.5 The EDA may deviate from these criteria by documenting in writing the reason(s) for the deviation. The documentation shall be submitted to the Department of Trade and Economic Development with the next annual report.
- 1.6 The Grantor may amend this document at any time. Amendments to these criteria are subject to public hearing requirements contained in the Statutes.

### 2 PUBLIC PURPOSE REQUIREMENT

- 2.1 All business subsidies must meet a public purpose.
- 2.2 The creation or retention of jobs may be, but is not required to be, a public purpose for granting a subsidy. The determination that jobs are not a public purpose for the subsidy and that the related wage and job goals are zero shall be made following a public hearing.
- 2.3 Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable. The EDA shall document the information used to determine the nature of the job loss.
- 2.4 The creation of tax base shall not be the sole public purpose of a subsidy.

2.5 The wage floor for wages to be paid for the jobs created shall be the State minimum wage in effect at the time the subsidy is granted. The EDA will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy.

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

- 3.1 All new projects approved by the EDA should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates no contractual rights on the part of any potential developer.
- 3.2 To be eligible to receive a business subsidy, the recipient must meet the following minimum requirements:
  - a. The subsidy must achieve a public purpose.
  - b. The project must comply with local plans and ordinances.

c. The recipient shall provide information demonstrating that granting the subsidy is necessary for the proposed development to occur.

d. The recipient enters into an agreement pursuant to these criteria and the Statutes.

- 3.3 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.4 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City of Andover at the time of approval.
- 3.5 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy. In effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the Grantor may undertake an independent underwriting of the project to help ensure that the request for assistance is valid.
- 3.6 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.
- 3.7 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

#### Andover Economic Development Authority

- 3.8 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of the business subsidy, if applicable.
- 3.9 A recipient of a business subsidy must enter into a subsidy agreement with the Grantor as described in Section 4.
- 3.10 A recipient of a business subsidy must make a commitment to continue operations within the City of Andover for at least five years after the benefit date.
- 3.11 Any business subsidy will be the lowest possible level and least amount of time necessary, after the recipient maximizes the use of private debt and equity financing first.

#### 4 Subsidy Agreement

- 4.1 In granting a business subsidy, the Grantor shall enter into a subsidy agreement with the recipient that provides the information, wage and job goals, commitments to provide necessary reporting data and recourse for fail to meet goals required by the Statutes.
- 4.2 The subsidy agreement may be incorporated into a broader development agreement for a project.
- 4.3 The subsidy agreement will describe the requirements for the recipient to provide the reporting information required by the Statutes.

### CITY OF ANDOVER COUNTY OF ANOKA STATE OF MINNESOTA

#### RES. NO. <u>R121-00</u>

### A RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA.

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the City Council (the "Council") of the City of Andover, Minnesota, that the business subsidy criteria, contained in Exhibit A of this resolution are hereby approved, ratified, established, and adopted and shall be placed on file in the office of the City Clerk.

Adopted by the City Council of the City of Andover on this  $20^{\text{th}}$  day of June 2000.

ATTEST:

CITY OF ANDOVER

utona Oolk

Victoria Volk, City Clerk

J. E. Mic Kehry J. E. McKelvev, Mavor

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



### **1 PURPOSE AND AUTHORITY**

- 1.1 The purpose of this document is to establish the criteria for the City of Andover (the Grantor) for granting of business subsidies for private development. These criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.2 The City's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the Statutes).
- 1.3 Unless specifically excluded by the Statutes, business subsidies include grants by state or local government agencies, contributions of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient of the subsidy, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.
- 1.4 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.5 The City may deviate from these criteria by documenting in writing the reason(s) for the deviation. The documentation shall be submitted to the Department of Trade and Economic Development with the next annual report.
- 1.6 The Grantor may amend this document at any time. Amendments to these criteria are subject to public hearing requirements contained in the Statutes.

### 2 PUBLIC PURPOSE REQUIREMENT

- 2.1 All business subsidies must meet a public purpose.
- 2.2 The creation or retention of jobs may be, but is not required to be, a public purpose for granting a subsidy. The determination that jobs are not a public purpose for the subsidy and that the related wage and job goals are zero shall be made following a public hearing.
- 2.3 Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable. The City shall document the information used to determine the nature of the job loss.
- 2.4 The creation of tax base shall not be the sole public purpose of a subsidy.

2.5 The wage floor for wages to be paid for the jobs created shall be the State minimum wage in effect at the time the subsidy is granted. The City will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy.

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  - a. The subsidy must achieve a public purpose.
  - b. The project must comply with local plans and ordinances.

c. The recipient shall provide information demonstrating that granting the subsidy is necessary for the proposed development to occur.

d. The recipient enters into an agreement pursuant to these criteria and the Statutes.

- 3.3 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.4 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City at the time of approval.
- 3.5 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy. In effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the Grantor may undertake an independent underwriting of the project to help ensure that the request for assistance is valid.
- 3.6 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.
- 3.7 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

#### City of Andover

- 3.8 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of the business subsidy, if applicable.
- 3.9 A recipient of a business subsidy must enter into a subsidy agreement with the Grantor as described in Section 4.
- 3.10 A recipient of a business subsidy must make a commitment to continue operations within the City for at least five years after the benefit date.
- 3.11 Any business subsidy will be the lowest possible level and least amount of time necessary, after the recipient maximizes the use of private debt and equity financing first.

#### 4 Subsidy Agreement

- 4.1 In granting a business subsidy, the Grantor shall enter into a subsidy agreement with the recipient that provides the information, wage and job goals, commitments to provide necessary reporting data and recourse for fail to meet goals required by the Statutes.
- 4.2 The subsidy agreement may be incorporated into a broader development agreement for a project.
- 4.3 The subsidy agreement will describe the requirements for the recipient to provide the reporting information required by the Statutes.


### 2001 Minnesota Business Assistance Form RECEIVED JUL 2 4 2001

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

1. Name of grantor (funding entity) Decker Township	2. Name of person completing Judy Sherma	
3. Street address P. J. BOX 248	4. city Becker	5. ZIP code 55308
6. Coupty 7. Phone number Sherburne 763-261-5301	8. Fax number 763-261-5301	9. E-mail address
10. Please indicate who in your organization should receive the	2002 MBAF if different from the	person in Question 2.
Name/Title Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business subsidies in
City government County government Regional government State government Other (Please specify.)	<ul> <li>Yes (Indicate hearing date -</li> <li>ParNo</li> <li>We held a public hearing but criteria (Indicate date of ini</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet adopted tial hearing)
13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported u	nder Minn. Stat. §116J.993 and §	116J.994? (Mark one.)
Q Yes (Complete the remainder of the form.)	XNo (Stop here, go to section	n 5 on page 4.)
Section 2 Information About Recipient		
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business sul will be used	bsidy or financial assistance
	Street address City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)		
□ Yes (Indicate name and address of parent corporation below. □ No	If more than one, indicate ultim	ate owner.)
Name of parent corporation	Street address City	State ZIP code

#### Section 1 Information About Grantor

(Do not complete this section if you completed if	i on another 2001 MBAF sub	mittea to DIED.)				
<ol> <li>During the period January 1, 2000 through Decembe report as required by Minn. Stat. §116J.993 and §116</li> </ol>	r 31, 2000, did your organization ha J.994? <i>(Mark one.)</i>	we any recipients who failed to				
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	icial assistance awarded to that				
X No						
Name of recipient Type of subsidy or assistant	ace (See Questions 24 and 25.)	Value of subsidy or assistance				
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>						
• Yes (Complete the remainder of this se	ection.) 🔉 🔊 (Stop here and su	bmit form to DTED .)				
35 39. Provide the following information for each reciwere to be attained by the time of reporting. (Attained by the time of reporting).		-				
35. Information on recipient and agreement:						
Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance						
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
• recipient ceased operation	Trecipient relocated to a differ	ent community				
□ recipient was unable to fill vacant positions	• other (Specify reason.)					
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)					
Q Yes ONO, recipient <u>has begun</u> to repay the assistan	ce. INo, recipient has not begu	in to repay the assistance.				
38. Has the agreement been amended to extend the recip	ient's deadline for fulfilling its oblig	gations? (Mark one.)				
	🗆 Yes 🖾 No					
39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:	·				

. 1

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

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

2001 Minnesota Business Assistance Form

Page 4 of 4



### 2001 Minnesota Business Assistance Form RECEIVED AUG 1 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en City of Blooming F	• •	2. Name of person completing this form Michael G Jones		
3. Street address 138 Highway Ave. S	5 P O Box 68	4. City Blooming Prairie	5. ZIP code 55917	
6. County Steele	7. Phone number 507-583-7573	8. Fax number 507–583–4520	9. E-mail address	

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

Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	<ol> <li>Has your organization he adopted criteria for aware compliance with Minn. S</li> </ol>	ding business s	ubsidies in
City government		JYes (Indicate hearing date	ean	d attach criteria
County government		🕄 No		- '
C Regional government		U We held a public hearing b	ut have not yet	adopted
□ State government		criteria (Indicate date of i		
□ Other (Please specify.)		□ Other (Please attach expla		

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

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

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	<u> </u>			
□ Yes (Indicate name and address of parent corporation below. □ No	If more than one, in	ıdicate ultimate	: owner.)	
Name of parent corporation	Street address	City	State	ZIP code

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

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

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Page 4 of 4

tmarked 7-31-01



- RECEIVED SEP 6 2001
- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Picase use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person comple	2. Name of person completing this form	
City of Bloomington		Terri Heaton	Terri Heaton	
3. Street address 2215 West 01d Shakopee Road		4. City Bloomington	4. City Bloomington 5. ZIP code 55431	
6. County	7. Phone number	8. Fax number	9. E-mail address	con.mn.us
Hennepin	952-563-8790	952-563-8789	theaton@ci.blooming	

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

Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>Classification of grantor (Mark one created by gav t agency, please ind example, a city EDA would check</li> </ol>	licate affiliation. For	<ol> <li>Has your organization h adopted criteria for awa compliance with Minn.</li> </ol>	rding business su	ubsidies in
City government		🗅 Yes (Indicate hearing da	te uni	d <u>attach criteria</u> )
County government		XI No		
D Regional government	· · · · ·	O We held a public hearing	but have not yct	adopted
State government		criteria (Indicate date of		
Other (Please specify.)	1	C Other (Please attach expl		

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

□ Yes (Complete the remainder of the form.) 30 No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	<ol> <li>Address where business subsidy or financial assists will be used</li> </ol>			
	Street address	City	State	ZIP codc	
16. Does the recipient have a parent corporation? (Mari	k one.)				
☐ Yes (Indicate name and address of parent corporatio ☐ No	n below. If more than one, it	ndicate ultimate	e owner.)		
Name of parent corporation	Street address	City	State	ZIP code	

2001 Minnesota Business Assistance Form

Do not complete this se	ction if you completed it of	n another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period Janua report as required by Mi</li> </ol>	ary 1, 2000 through December 3 nn. Stat. §116J.993 and §116J.9	1, 2000, did your organization h 94? (Mark one.)	ave any recipients who failed to
TYes (Indicate the name of recipient. Attach add	f each recipient failing to report litional pages if necessary.)	and the value of subsidy or fina	ncial assistance awarded to that
KO No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization t agreement signed on or	nave any recipients who failed to after January 1, 2000, that were	achieve any goals or fulfill any required to be fulfilled by the ti	other obligations under an me of this report? (Mark one:)
🗅 Ycs (Com	plete the remainder of this section	on.) 🛛 🖄 No (Stop here and st	ibmit form to DTED .)
	ring information for each recipie by the time of reporting. (Attack		
35. Information on recipion	t and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of rccipient		City/ZII' code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (A	Mark all that apply.):		
C recipient ceased operation recipient was unable to fi		<pre>□ recipient relocated to a diffe</pre> □ other (Specify reason.)	arent community
37. To date, has the recipic	nt fulfilled its repayment obligat	ion? (Mark one.)	
• Yes • • No, recipient <u>h</u>	as begun to repay the assistance.	□ No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement beer	amended to extend the recipien	t's deadline for fulfilling its obli	igations? (Mark one.)
	ü	Yes 🗆 No	·
39. Describe the steps bein	g taken to bring recipient into co	ompliance or recoup the subsidy:	
· · · · · · · · · · · · · · · · · · ·		<u></u>	

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)	1 .	person completing	this form	
Blue Earth County	Lis	a Lyons	· · · · · · · · · · · · · · · · · · ·	
3. Street address	4. City		5. ZIP code	
204 South Fifth Stre	et Mar	Kato	.560	01
6. County Blue Earth (507)389-9		<sup>ber</sup> 39- 8819	9. E-mail add lisa.lyon	seco.blue-
10. Please indicate who in your organization shoul				
Name/Title Phone	number Str	eet address	City	ZIP code
11. Classification of grantor (Mark one. If grantor created by gov't agency, please indicate affilia example, a city EDA would check "City govern	tion. For adopted	ur organization held I criteria for awardi ance with Minn. St	ng business sub	sidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>	<ul> <li>No</li> <li>We held criteria</li> </ul>	icate hearing date a public hearing bu (Indicate date of in lease attach explan	t have not yet ac itial hearing	lopted
13. Has your organization signed any agreements t through December 31, 2000 that is required to				
Yes (Complete the remainder of	of the form.) <b>I</b> No ( <u>Sto</u>	<u>p here,</u> go to sectio	n 5 on page 4.)	
Section 2 Information About Recipient				
14. Name of business or organization receiving subsidy or financial assistance	will be	prian	Kato	al assistance
Minnesota Elevator, Inc	Street addre		MN State	<u>5600/</u> ZIP code
16. Does the recipient have a parent corporation? (	Mark one.)			
☐ Yes (Indicate name and address of parent corpor ∑ No	ration below. If more than	one, indicate ultim	ate owner.)	
Name of parent corporation	Street addres	s City	State	ZIP code
	1			

A Manufacturin C Retail Trade	g 🛛 Services 🔾 Wholesale Trad	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction Other (please speci)</li> </ul>	fv)
18. Did the recipient relocate as a re-	ult of signing this agreemen	nt? (Mark one.)	
□ Yes (Indicate city and state of prev No (Go to Question 19.)	ious address and reason re	cipient did not complete this project at that addre	255.)
City/State of previous address Rea	son project not completed a	t previous address	
<ol> <li>Would the recipient have remain financial assistance? (Mark one.)</li> </ol>	ed in previous location or re	elocated elsewhere if not awarded this business su	bsidy or
A Remained at previous locat	on 🛛 Relocated to differe	ent Minnesota location 🛛 Relocated outside M	linnesota
ection 3 General Informatio	n About the Agreeme	nt	
20. Total dollar value of business su assistance (Please separate value		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
and 25.) \$ 2,95,000		2/22/00	
		the business subsidy or financial assistance. Fo s placed into service, or the recipient occupied th	
23. Does the agreement provide a bub be reported? (Mark one.)	siness subsidy or one of the	four types of financial assistance (see Question 2	5) required to
24. If the agreement provided a busir indicate the <b>type(s) and total do</b>		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
not applicable, agreement provided	financial assistance	Distance of the second	s subsidy
¹ loan (only principal) ❑ grant (i.e., forgivable loan)	\$ <u>195,000</u> \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> </ul>	\$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or defer</li> <li>guarantee of payment</li> <li>contribution of property or infrastr</li> </ul>	\$	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	\$
Dipreferential use of governmental fa	cilities \$ \$	50% or less of total cost assistance for pollution control or	\$
Gother (Specify subsidy type.)	\$	abatement  assistance for a TIF soils condition district	\$
26. If the assistance included tax inc indicate the type of TIF district?	rement financing, please (Mark one.)	27. Are any other grantors providing a business financial assistance to the same project? (A	
not applicable, assistance was not	n the form of TIF	Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	
redevelopment renewal and renovation		M No	
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of the agreement(s):	
hazardous substance subdistrict		Grantor Value (\$)	
		Grantor Value (\$)	

. .

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

<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify,</li> </ul>		
9. Indicate whether the agr at the time of this report	eement include			e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wa</li> <li>Please attach descriptions of the second second</li></ul>	retention goals	s Ils ogress toward	established? date Set Ves DNO DYes DNO	rget attainment s (month & year) 8/2002	All goals attained? Yes 2 No Yes No Yes No Yes No
ttainment if not documente					
	age hourly valu	e of any employer-pr	rovided health insurance get to separate goals by full-	bals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Houriy Value of Health Insuranc
no hourly wage-level goal		• *			s
less than \$7.00					s
\$7.00 to \$8.99			<u> </u>		s
\$9.00 to \$10.99	18				s
\$11.00 to \$12.99				<u> </u>	s
\$13.00 to \$14.99					s
\$15.00 and higher					s
full-time equivalents if j	rly value of any you are unable Full-time	y employer-provided to separate job crea <b>Part-time</b> /	l health insurance for those tion into full- and part-time FTE (only if unable to	jobs. ( <u>Only</u> indica e positions.)	ate job creation in
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
less than \$7.00					\$
\$7.00 to \$8.99	<u> </u>				s
\$9.00 to \$10.99	3				<u>s 3. 0</u>
\$11.00 to \$12.99	2				<u>s 3.01</u>
\$13.00 to \$14.99		·			<u>s 3.01</u>
\$15.00 and higher	5				, 3.01

2001 Minnesota Business Assistance Form

	uary 1, 2000 through Decen Minn. Stat. §116J.993 and §	nber 31, 2000, did your organization 116J.994? <i>(Mark one.)</i>	have any recipients who failed to
	of each recipient failing to i Iditional pages if necessary.	report and the value of subsidy or find )	ancial assistance awarded to that
Mo No	•		
Name of recipient	Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on c		iled to achieve any goals or fulfill any t were required to be fulfilled by the t s section.) I No (Stop here and s	
		ecipient failing to fulfill goals or any (Attach additional pages if necessar)	
35. Information on recipie	ent and agreement:		· ·
Name of recipient in defau	ilt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a diff</li> <li>other (Specify reason.)</li> </ul>	erent community
37. To date, has the recipi	ent fulfilled its repayment o	bligation? (Mark one.)	
Yes ONO, recipient	has begun to repay the assis	stance. 🛛 🗅 No, recipient <u>has not be</u>	gun to repay the assistance.
	en amended to extend the re	cipient's deadline for fulfilling its ob	ligations? (Mark one.)
<ol> <li>Has the agreement bee</li> </ol>			
38. Has the agreement bee		Yes No	
·····	ng taken to bring recipient i	nto compliance or recoup the subsidy	

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Page 4 of 4



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#### Section 1 Information About Grantor

1. Name of grantor (funding er $C \rightarrow \gamma = P P A N$	ntity) つこ ベ	2. Name of person completing $(- = v = w = v)$	
3. Street address FOR BEX 177		4. City CRANDON	5. ZIP code
6. County	7. Phone number 300 ろりょ つうゆり	8. Fax number	9. E-mail address

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

Name/Title Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. Fo example, a city EDA would check "City government.")		ding business su	ibsidies in
City government County government Regional government State government Other (Please specify.)	<ul> <li>Yes (Indicate hearing dates and the second dates and the second date of the second date of the second date of the second dates attach explored da</li></ul>	but have not yet initial hearing -	adopted

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

> □ Yes (Complete the remainder of the form.) **2** No (<u>Stop here</u>, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	e business subsi	dy or financia	al assistance
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)		1		
☐ Yes (Indicate name and address of parent corporation below. ☐ No	If more than one, in	idicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	icial assistance awarded to that
Sa No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
Yes (Complete the remainder of this :	section.) INO (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each red were to be attained by the time of reporting. (		
35. Information on recipient and agreement:		
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<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	TYes No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	· · · · · · · · · · · · · · · · · · ·

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2001 Minnesota Business Assistance Form

Page 4 of 4

#### **CITY OF BRANDON BUSINESS SUBSIDY POLICY**

RECEIVED SEP 1 0 200; This Policy is adopted for purposes of the business subsidies act (the "Act"). which is Minnesota Statutes Sections 116J.993 through 116J.995, as amended. Terms used in this policy are intended to have the same meanings as used in the Act, and this Policy shall apply only with respect to subsidies granted under the Act if and to the extent required thereby.

While it is recognized that the creation of good paying jobs is a desirable goal which benefits the community, it must also be recognized that not all projects assisted with subsidies derive their public purposes and importance solely by virtue of job creation. In addition, the imposition of high job creation requirements and high wage levels may be unrealistic and counter-productive in the face of larger economic forces and the financial and competitive circumstances of an individual business.

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

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

The Act now provides that, after public hearing thereon, if the creation or retention of jobs is determined not to be a goal of a business subsidy, the wage an job goals may be set at zero. Where creation or retention of jobs is a goal, the specific number of jobs to be created or retained shall be stated in the subsidy agreement. Where creation of new jobs is required, those jobs shall have a wage floor of  $\frac{800}{2}$  per hour.

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

1. The retention of existing jobs,

2. The creation of the specified number of new jobs at or exceeding the wage floor, and/or

3. Where the subsidy relates to the acquisition of personal property or the acquisition and/or physical development of real property, the substantial completion of the acquisition or development thereof.

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

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

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

Subject to the wage floor, where applicable, the setting of wage and job goals must be sensitive to prevailing wage rates, local economic conditions, external economic forces over which neither the grantor nor the recipient of subsidy has control, the individual financial resources of the recipient and the competitive environment in which the recipient's business exists.

Because it is not possible to anticipate every type of project which may in its context and time present desirable community building or preservation goals and objectives, the governing body must retain the right in its discretion to approve projects and subsidies which may vary from the principles and criteria of this Policy, as may be permitted by but subject to the procedural and other requirements of the Act.

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

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

Adopted by: Brandon	Citys cucl.
Date of Adoption:	8-6-01
Date of Public Hearing :	8-6-01

motion by council member part Johnson to adopt the business subsidy policy using 8.00/hr for the wage floor, seconded by council member mary Lee Korkowski. motion carried with Mike Randt, many dee Korkowski, Doug Johnson, Greg Bitzan and fatt Johnson voting in Favor. Voting against. None



### RECEIVED JUL 1 1 2001

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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form Brown Co. Economic lahn Development 3. Street address Partners, Inc. 5. ZIP code 4. City 56085 Ave SW 303 2 3 6. County 7. Phone number 8. Fax number 9. E-mail address 507-794-7992 Brown 507-794-5290 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Name/Title Street address ZIP code Phone number City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) Yes (Indicate hearing date - 10-25-99 and attach criterin) City government County government D No C Regional government We held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing - \_ Other (Please attach explanation.) Other (Please specify.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

#### Section 1 Information About Grantor

□ Yes (Complete the remainder of the form.) XNo (Stop h

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

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where will be used</li> </ol>	e business subsi	dy or financia	al assistance
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. □ No	If more than onc, it	ndicate ultimate	e owner.)	
Name of parent corporation	Street address	City	State	ZIP code

it on another 2001 MBAF sub	nitted to DTED.)
ber 31, 2000, did your organization ha 16J.9947 <i>(Mark one.)</i>	ve any recipients who failed to
eport and the value of subsidy or finan	icial assistance awarded to that
sance (See Questions 24 and 25.)	Value of subsidy or assistance
ed to achieve any goals or fulfill any o were required to be fulfilled by the lin	
section.) XNo (Stop here and sub	bmit form to DTED .)
ecipient failing to fulfill goals or any ol Attach additional pages if necessary.)	her terms of an agreement that
Type of subsidy or assistance	Initial value of subsidy or assistance
City/7,IP code of recipient	Outstanding value of subsidy or assistance
· · · · · · · · · · · · · · · · · · ·	
<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
bligation? (Mark one.)	
tance. INO, recipient has not begu	in to repay the assistance.
cipient's deadline for fulfilling its oblig	gations? (Mark one.)
LIYes DNo	·
nto compliance or recoup the subsidy:	
	ber 31, 2000, did your organization ha 16J.9947 (Mark one.) eport and the value of subsidy or finan- tance (See Questions 24 and 25.) led to achieve any goals or fulfill any o were required to be fulfilled by the tim- section.) De No (Stop here and sub- ecipient failing to fulfill goals or any of Attach additional pages if necessary.) Type of subsidy or assistance City/ZIP code of recipient D recipient relocated to a differ Q other (Specify reason.) bligation? (Mark one.) tance. No, recipient has not begin cipient's deadline for fulfilling its obligitation of the for fulfilling its obligitation.

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

Or fax to: (651) 215-3841

2001 Minnesola Business Assistance Form



### 2001 Minnesota Business Assistance Form RECEIVED JUN 7 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en City of Buffalo	tity)	2. Name of person Deborah So		this form		
3. Street address 212 Central Avenue	2	4. City Buffalo		5. ZIP code 55313		
6. County Wright	7. Phone number 763-682-1181	8. Fax number 763-682-63	376	9. E-mail add laureen.boo	dress lin@cityofb.ff	alam.org
10. Please indicate who in your Laureen Bodin Name/TitleAsst. Adminis	organization should receive the 763-684-5404 strator Phone number		ntral Av		tion 2. alo, 55313 ZIP code	
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For		a for awardir	a public hearin ng business sub t. §116J.994? (i	sidies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate he XX) No</li> <li>We held a public criteria (Indica.</li> <li>Other (Please at</li> </ul>	hearing but the date of ini	have not yet ac tial hearing	lopted	
through December 31, 2000	ed any agreements to award a bus ) that is required to be reported u lete the remainder of the form.)		5 <b>J.993 and</b> §	116J.994? (Ma		
Section 2 Information Ab	out Recipient	<u></u>				-
<ol> <li>Name of business or organi receiving subsidy or financi</li> </ol>		15. Address where will be used	business sul	osidy or financi	al assistance	
		Street address	City	State	ZIP code	
16. Does the recipient have a pa	arent corporation? (Mark one.)					
□ Yes (Indicate name and addr □ No	ess of parent corporation below.	If more than one, in	dicate ultime	ate owner.)		
Name of parent corporation		Street address	City	State	ZIP code	

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

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2001 Minnesota Business Assistance Form

Page 4 of 4



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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form EDA W. Cox champlin 3. Street address 4. City 5. ZIP code 11955 Champlin Drive 55316 Chamoliv 8. Fax number 7. Phone number 9. E-mail address 6. County JCox@ cicleup un, un, os Herment 763)923-7104 (763) 421 - 57 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. ZIP code Name/Title Phone number Street address City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §1161.994? (Mark one.) Yes (Indicate hearing date - \_\_\_\_\_ and attach criteria) City government 🗅 No County government We held a public hearing but have not yet adopted C Regional government criteria (Indicate date of initial hearing - 🚞 State government Other (Please attach explanation.) $\Box$ Other (Please specify.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) Ses (Complete the remainder of the form.) □ No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient 14. Name of business or organization 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used Changelin Mn 11050 Old Jeterson Elin Crock Investors LLP Street address City State ZIP code

Section 1 Information About Grantor

16. Does the recipient have a parent corporation? (Mark one.)

□ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) □ No

Name of parent corporation

Street address City

ZIP code

State

	Manufacturing     Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	Finance, Insurance, Construction	, Resi Estate Other (please specify	
18. Did the recipi	ient relocate as a result of				
			•		,
I No (Go to Que	stion 19.)	•	ipicni did nor complete (his )	project at that addres	3.)
<u> Joiants - 1</u>	1015 Eddress Reason pr	abockat at	existing sites		
	ance? (Mark onc.)	considering	located elsewhere if not awa	irded this business sub	sidy or
🗘 Remain	ed at previous location		nt Minnesota location	Relocated outside M	innesota
ection 3 Gen	eral Information Al	bout the Agreeme	nt		
	value of business subsidy		21. Date agreement signed		
assistance (P and 25.)	lease separate value by t	ype in Questions 24	date, indicate any date	_	amended.)
			Vine 13, 2	KCC	
	date improvements were j		the business subsidy or fina s placed into service, or the		
be reported?	(Mark one.)	🗅 business subsidy 👔		· · · · · · · · · · · · · · · · · · ·	
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<ul> <li>be reported?</li> <li>24. If the agreem indicate the traindicate of preferential us</li> <li>Contribution o</li> </ul>	(Mark one.) ent provided a business s ype(s) and total dollar'v , agreement provided fina neipal) givable loan) ax reduction or deferral ayment f property or infrastructur is of governmental faciliti	Q business subsidy { ubsidy, please ralue for each type. uncial assistance S S S S re S s s S S S S S	<ul> <li>25. If the assistance was cassistance, please indi</li> <li>26. If the assistance was cassistance, please indi</li> <li>27. If assistance for property poly contaminants</li> <li>27. assistance for property poly contaminants</li> <li>27. assistance for renovatin stock or bringing it up tassistance provided for historic preservation di 50% or less of total cos</li> </ul>	one of the four types of icate the type(s). Ent provided a busines polluted by building to code, and designated istricts, when it control or	f financial
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be reported? 24. If the agreem indicate the tr indicate the tr indicat	(Mark one.) ent provided a business s ype(s) and total dollar'v , agreement provided fina neipal) givable loan) av reduction or deferral ayment f property or infrastructur is of governmental faciliti	D business subsidy Ubsidy, please ralue for each type uncial assistance  S S S re S S s unt financing, please	<ul> <li>25. If the assistance was cassistance, please indi</li> <li>26. If the assistance was cassistance, please indi</li> <li>27. Are any other grantor</li> </ul>	one of the four types of icate the type(s). Ent provided a busines polluted by building to code, and designated istricts, when at control or ls condition district	f finencial s subsidy S S S S s subsidy or
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be reported? 24. If the agreem indicate the tr anot applicable, ban (only prin grant (i.e., forg tax abatement TIF or other ta guarantee of p contribution o preferential us land contributi other (Specify 26. If the assista indicate the not applicable renewal and re soils conditior economic dev mined undergy	(Mark one.) ent provided a business s ype(s) and total dollar'v , agreement provided fina- ncipal) givable loan) ux reduction or deferral ayment f property or infrastructur te of governmental faciliti ion subsidy type.) unce included tax increme type of TIF district? (Mai s, assistance was not in the t enovation n elopment	D business subsidy Ubsidy, please ralue for each type uncial assistance  S S S re S S s	<ul> <li>25. If the assistance was cassistance, please indi</li> <li>25. If the assistance was cassistance, please indi</li> <li>27. Are any other grantor financial assistance for a TIF soi</li> <li>27. Are any other grantor financial assistance to assistance for a transment assistance below; altaction assistance below; alta</li></ul>	one of the four types of icate the type(s). Ent provided a busines polluted by building to code, and designated istricts, when at control or ls condition district rs providing a busines to the same project? () have and the value of the sch an additional sheet	f finencial s subsidy SS SS Ss s subsidy or Mark one.)
be reported? 24. If the agreem indicate the tr anot applicable, anot applicable, anot applicable, anot applicable, arr a statement arr other ta guarantee of p contribution o preferential us and contribution be referential us contribution c	(Mark one.) ent provided a business s ype(s) and total dollar'v , agreement provided fina- ncipal) givable loan) ux reduction or deferral ayment f property or infrastructur te of governmental faciliti ion subsidy type.) unce included tax increme type of TIF district? (Mai a, assistance was not in the t enovation n elopment round space	D business subsidy Ubsidy, please ralue for each type uncial assistance  S S S re S S s	<ul> <li>25. If the assistance was cassistance, please indiants is assistance for property poly contaminants</li> <li>assistance for property poly contaminants</li> <li>assistance for renovating stock or bringing it up tassistance provided for historic preservation di 50% or less of total cost assistance for pollution abatement</li> <li>assistance for a TIF soit</li> <li>27. Are any other grantor financial assistance to assistance to a transition of the second part of the second part</li></ul>	one of the four types of icate the type(s). Ent provided a busines polluted by building to code, and designated istricts, when at control or ls condition district rs providing a busines to the same project? () and the value of the same additional sheet the agreement(s):	f financial s subsidy SS SS Ss s subsidy or <i>Mark one.</i> )

<ol> <li>Minn. Star. §116J.994 re of the following public p</li> </ol>			nancial assistance agreement nt? (Mark all that apply.)		irpose. Which
Enhancing economic diver Creating high-quality job ; Job retention Stabilizing the community	rsity growth		Differensing tax base ( Other (please specify	cannot be only purp	
29. Indicate whether the agr at the time of this report				e recipient had artai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	retention goals	<b>J.</b>	established? date LETYes D No D Yes LETNo	irget attainment 25 (month & year) Whe 2002	All goals attained? Ves L2-No Ves L2-No Ves L2-No Ves L2-No
Please attach descriptions of the sector of					
	ge hourly value I-lime equivale	e of any employer-p	rovided health insurance g to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding banefits)	Full-time Jab Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goels not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	75	<u> </u>			s
less than \$7.00		、			2
\$7.00 ம <b>\$8</b> .99					5
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					٢
\$15.00 and higher		<u></u>	<u> </u>		S
	rly value of an	y employer-provide	mber of actual jobs create d health insurance for tho ation into full- and part-th FTE (only if unable to separate FT/PT) Job Creation	se jabs. <u>(Only</u> Indic	
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	·				5
\$11.00 to \$12.99					s
\$13.00 to \$14.99			————————————————————————————————————		5
\$15.00 and higher		,			\$
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled all o	bligations stipulated	I in the agreement
		U Yes	A No		

 $\left\{ \hat{\boldsymbol{\boldsymbol{\beta}}} \right\}$ 

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33. During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §1		,
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)		cial assistance awarded to that
AN0		
Name of recipient Type of subsidy or assist	iance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		-
Q Yes (Complete the remainder of this	section.) (DHG(Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each re		
were to be attained by the time of reporting.	(Atlach additional pages (f necessary.)	
35. Information on recipient and agreement:		
		<u></u>
Manual of annihilation in the defaults		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Name of recipient in default	Type of subsidy or assistance	
		subsidy or assistance
Name of recipient in default Street address of recipient	Type of subsidy or assistance Ciry/21P code of recipient	
		subsidy or assistance Outstanding value of
Street address of recipient		subsidy or assistance Outstanding value of subsidy or assistance
Street address of recipient 36. Reason(s) for default (Mark all that apply.):	City/ZIP code of recipient	subsidy or assistance Outstanding value of subsidy or assistance
Street address of recipient 36. Reason(s) for default (Mark all that apply.):	City/ZIP code of recipient City/ZIP code of recipient city/ZIP code of recipient city/ZIP code of recipient city/ZIP code of recipient	subsidy or assistance Outstanding value of subsidy or assistance
Street address of recipient 36. Reason(s) for default (Mark all that apply.): a recipient ceased operation a recipient was unable to fill vacant positions	City/ZIP code of recipient recipient relocated to a differ other (Specify reason.) bligation? (Mark one.)	subsidy or assistance Outstanding value of subsidy or assistance
Street address of recipient 36. Reason(s) for default (Mark all that apply.): a recipient ceased operation a recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of b Yes a No, recipient has begun to repay the assist	City/ZIP code of recipient city/ZIP code of recipient city/City/City/City/City/City/City/City/C	subsidy or assistance Outstanding value of subsidy or assistance rent community
Street address of recipient 36. Reason(s) for default (Mark all that apply.): a recipient ceased operation a recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of	City/ZIP code of recipient city/ZIP code of recipient recipient relocated to a differ other (Specify reason.) bligation? (Mark one.) mance. No, recipient has not begun sipient's deadline for fulfilling its oblight	subsidy or assistance Outstanding value of subsidy or assistance rent community
Street address of recipient 36. Reason(s) for default (Mark all that apply.): a recipient ceased operation a recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of b Yes a No, recipient has begun to repay the assist	City/ZIP code of recipient city/ZIP code of recipient city/City/City/City/City/City/City/City/C	subsidy or assistance Outstanding value of subsidy or assistance rent community
Street address of recipient 36. Reason(s) for default (Mark all that apply.): a recipient ceased operation a recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of b Yes a No, recipient has begun to repay the assist	City/ZIP code of recipient City/ZIP code of recipient recipient relocated to a differ other (Specify reason.) bligation? (Mark one.) bligation? (Mark one.) bligation? (Mark one.) cipient's deadline for fulfilling its oblight Yes ONO	subsidy or assistance Outstanding value of subsidy or assistance rent community
Street address of recipient 36. Reason(s) for default (Mark all that apply.): recipient ceased operation recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of Yes No, recipient has begun to repay the assist 38. Has the agreement been amended to extend the reco	City/ZIP code of recipient City/ZIP code of recipient recipient relocated to a differ other (Specify reason.) bligation? (Mark one.) bligation? (Mark one.) bligation? (Mark one.) cipient's deadline for fulfilling its oblight Yes ONO	subsidy or assistance Outstanding value of subsidy or assistance rent community

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form



2001 Minnesota Business Assistance Form RECEIVED SEP 2 + 2001

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

10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.         Name/Title       Phone number         Street address       City         21. Classification of 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 an adopted criteria for awarding business subsidies i compliance with Minn. Stat. §116J.994? (Mark or Mark	
CHIPPEWA       320-269-7447       320-269-7412       Jelauson@         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.       Image: Complexity of the person in Question 2.         Name/Title       Phone number       Street address       City       ZI         11. Classification of 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 an adopted criteria for awarding business subsidies is compliance with Minn. Stat. §116J.994? (Mark of Compliance with Minn. Stat. §116J.994? (Mark of Compliance hearing date - 9-21-99 and attack of City government.")	
Name/Title       Phone number       Street address       City       ZI         11. Classification of 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 an adopted criteria for awarding business subsidies i compliance with Minn. Stat. §116J.994? (Mark or Compliance with Minn. Stat. §116J.994? (Mark or Compliance hearing date - 9-21-99 and attach or Compliance hearing date - 9-21-99	CO. CHI PAEWA.
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>□ City government</li> </ul>	
created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") □ City government □ City g	P code
	in one.)
County government       In No         Regional government       In We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)         Other (Please specify.)       In Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 20 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.9947 (Mark and State)	
Yes (Complete the remainder of the form.)	
AGEEMENTS SIGNED BUT NO PAYMENTS MADE, Section 2 Information About Recipient	
14. Name of business or organization receiving subsidy or financial assistance15. Address where business subsidy or financial assis will be used	tance
UNITED FARMERS ELEVATOR BOX 32, MILAN MN 5620 Street address City State ZI	P code
16. Does the recipient have a parent corporation? (Mark one.)	
□ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	
Name of parent corporation Street address City State ZIF	P code

#### Section 1 Information About Grantor

17. Industry of recipient's facility (Mark one.):	
□ Manufacturing □ Services □ Retail Trade	Finance, Insurance, Real Estate     Construction      Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	:nt? (Mark one.)
□ Ycs (Indicate city and state of previous address and reason r ▲No (Go to Question 19.)	ecipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
X Remained at previous location 🛛 Relocated to diffe	rent Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
32,000 (rest.)	8-17-99
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.)	as placed into service, or the recipient occupied the property,
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>Comparison of the business subsidy</li></ul>	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
loan (only principal)       \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
<ul> <li>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</li> </ul>	<ul><li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li></ul>
<ul> <li>mot applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> </ul>	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
renewal and renovation     soils condition	D No
conomic development     mined underground space	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	CITY OF MILAN           Grantor         Value (\$)
	Grantor Value (\$)

			nancial assistance agreemen ent? (Mark all that apply.)	ts state a public p	ourpose. Which
<ul> <li>Enhancing economic diver</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		ロ Increasing tax base (ca X Other (please specify) のテ AG. Commo ACCESS.	EXPANOIN	6 TRANSPORT
29. Indicate whether the agr at the time of this report				recipient had atta	ined those goals
<ul> <li>A) Specific wage and job gos</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>O) Other goals other than wa</li> </ul>	retention goal	S .	established? dates ⊠Yes □ No	(month & year) (e - 02	All goals attained? (ATYes INO (Yes NO Yes NO Yes NO
Please attach descriptions c attainment if not documented					
	ige hourly valu	e of any employer-pr	creation and/or retention gos ovided health insurance goa to separate goals by full- a	Is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				<u> </u>	\$
less than \$7.00					\$
					\$
\$7.00 to \$8.99					<b>,</b>
\$7.00 to \$8.99 \$9.00 to \$10.99					•
				· · · · · · · · · · · · · · ·	s
\$9.00 to \$10.99					s s
\$9.00 to \$10.99 \$11.00 to \$12.99				·	s s s
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followin date and the actual hour	rly value of an	y employer-provided	nber of actual jobs created a health insurance for those jo tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. <u>(Only</u> indica positions.) Job	s s
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followin date and the actual hour full-time equivalents if y</li> <li>Hourly Wage</li> </ul>	rly value of any ou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Sessonal/Temp.	health insurance for those ju tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. ( <u>Only</u> indica positions.)	ss s nce the benefit ate job creation in Hourly Value of
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher I. For each of the followind date and the actual hourd full-time equivalents if y Hourly Wage (excluding benefits)	rly value of any ou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Sessonal/Temp.	health insurance for those ju tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss nce the benefit nte job creation in Hourly Value of
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the followin date and the actual hour full-time equivalents if y</li> <li>Hourly Wage (excluding benefits)</li> <li>less than \$7.00</li> </ul>	rly value of any ou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Sessonal/Temp.	health insurance for those ju tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss nce the benefit nte job creation in Hourly Value of
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the actual hourd full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	rly value of any ou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Sessonal/Temp.	health insurance for those ju tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss nce the benefit nte job creation in Hourly Value of
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followind date and the actual hourd full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any ou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Sessonal/Temp.	health insurance for those ju tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	S s nce the benefit ate job creation in Hourly Value of Health Insurance S S S

Do not complete this	section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
	nuary 1, 2000 through December Minn. Stat. §116J.993 and §116	r 31, 2000, did your organization h J.994? <i>(Murk one.)</i>	ave any recipients who failed to
	e of each recipient failing to repo udditional pages if necessary.)	ort and the value of subsidy or fina	ncial assistance awarded to that
<b>a</b> No			
Name of recipient	Type of subsidy or assistan	ace (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on	or after January 1, 2000, that we	to achieve any goals or fulfill any ere required to be fulfilled by the time	me of this report? (Mark one.)
🗅 Yes <i>(C</i>	omplete the remainder of this se	ction.) XNo (Stop here and su	ibmit form to DTED .)
35 39. Provide the fol were to be attain	lowing information for each recipned by the time of reporting. (At	pient failing to fulfill goals or any o tach additional pages if necessary.)	ther terms of an agreement that
35. Information on recip	pient and agreement:		
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply.):		
<ul> <li>recipient ceased opera</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the reci	pient fulfilled its repayment oblig	gation? (Mark one.)	
🛛 Yes 🛛 No, recipien	it <u>has begun</u> to repay the assistan	ce. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement b	een amended to extend the recipi	ient's deadline for fulfilling its obli	gations? (Mark one.)
		🗆 Yes 🗆 No	
39. Describe the steps be	sing taken to bring recipient into	compliance or recoup the subsidy:	· · · · · · · · · · · · · · · · · · ·
	······································	<u> </u>	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4



### 2001 Minnesota Business Assistance Form RECEIVED SEP 2 4 2001

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

# Section 1 Information About Grantor

1. Name of grantor (funding en (1日1日日日)		2. Name of person	• •			
3. Street address 629 A		4. City MONTENING	ī0	5. ZIP code ちんス	65	
6. County CHIPPEWA	7. Phone number 320-269-7447	8. Fax number 3みロースムターフ	1412	9. E-mail add Jernuson	ress NEO Où - C HI	MAEWA.
10. Please indicate who in you	r organization should receive the	2002 MBAF if differe	ent from the	person in Quest	tion 2.	
Name/Title	Phone number	/ Street addr	ess	City	ZIP code	
example, a city EDA would City government County government Regional government State government Other (Please specify.) 13. Has your organization sign through December 31, 200	lease indicate affiliation. For d check "City government.") d check any agreements to award a bus o that is required to be reported u	compliance with Yes (Indicate he No We held a public criteria (Indicat Other (Please attr intess subsidy or finar nder Minn. Stat. §116	a for awardin th Minn. Sta earing date - thearing but e date of ini each explana hotial assistar 5J.993 and §	business sub- t. §116J.994? ( $i$ -4 - 21 - 4 have not yet actial hearing tial hearing tion.) tee from Januar 116J.994? (Ma	sidies in Mark one.) 9 <u>1ttach criteria</u> ) lopted y. 1, 2000	
AGEEMENTS SIGNED	olete the remainder of the form.) 1347 No PAYMEN bout Recipient	TS MASE.	go to section	s on page 4.)		
Section 2 Information A	bout Recipient					7
14. Name of business or organ receiving subsidy or finance		15. Address where will be used 105  GW/	business sub $S^T A v \in C$	bosidy or financial $CLARr$	al assistance 4 CITY, 56222	
CLARA CITY	FARMERS ELEVATOR	Street address	City	State	ZIP code	
16. Does the recipient have a	parent corporation? (Murk one.)					
□ Yes (Indicate name and add XNo	lress of parent corporation below.	lf more than one, in	dicate ultim	ile owner.)		
Name of parent corporation		Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one.):			
	Services Wholesale Trade	G Finance, Insurance, Real Estate Construction G Other (please	specify)
18. Did the recipient relocate as a result of sign	ing this agreement?	(Mark one.)	
□ Yes (Indicate city and state of previous addre ➤No (Go to Question 19.)	ss and reason recip	sient did not complete this project at that	address.)
City/State of previous address Reason project	not completed at p	revious address	
19. Would the recipient have remained in previ financial assistance? (Mark one.)	ous location or relo	cated elsewhere if not awarded this busin	ess subsidy or
Remained at previous location DR	located to different	Minnesota location	side Minnesota
Section 3 General Information About	the Agreemen	t	
20. Total dollar value of business subsidy or fin assistance (Please separate value by type in and 25.)		21. Date agreement signed (In addition to date, indicate any dates the agreemen $\Im - 15 - 00$	
40,000 (est.)			
22. Benefit date (Indicate the date the recipient indicate the date improvements were finish whichever is earlier.)	will benefit from th ed, equipment was p SEPT., 2	placed into service, or the recipient occup	e. For example, bied the property,
<ul><li>23. Does the agreement provide a business sub- be reported? (Mark one.)</li></ul>		ur types of financial assistance (see Ques ) financial assistance	tion 25) required to
24. If the agreement provided a business subsid indicate the type(s) and total dollar value		25. If the assistance was one of the four t assistance, please indicate the type(s)	
not applicable, agreement provided financial	assistance	not applicable, agreement provided a b	usiness subsidy
<ul> <li>loan (only principal)</li> <li>grant (i.e., forgivable loan)</li> </ul>	s (	assistance for property polluted by contaminants	\$
X tax abatement TIF or other tax reduction or deferral guarantee of payment	\$ <u>40,000</u> \$	assistance for renovating building stock or bringing it up to code, and assistance provided for designated	\$
<ul> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> </ul>	\$  \$	historic preservation districts, when 50% or less of total cost	
□ land contribution □ other (Specify subsidy type.)	\$ ( \$ (	assistance for pollution control or abatement	\$
		assistance for a TIF solls condition dis	trict \$
26. If the assistance included tax increment find indicate the type of TIF district? (Mark one		27. Are any other grantors providing a bi financial assistance to the same project	
X not applicable, assistance was not in the form	ofTIF	Yes (Specify each grantor and the valu assistance below; attach an additional	ie of their sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>		D No	N
conomic development		Grantor(s) and value of the agreement(s):	
<ul> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>		CITY OF CLARA C'I	
		Grantor Value (\$ MACCICAY SCHOOL DI	) ST.
		Grantor Value (\$	

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Enhancing economic dive	purposes were		nancial assistance agreem ent? (Mark all that apply. Increasing tax base (	)	•
Creating high-quality job		v	Other (please specif	V) EXPANNING	TRANSPORTAT
<ul> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	v	•	FOR AG. CO	mmobities.	
29. Indicate whether the ag at the time of this repor	reement includ			e recipient had atta	ined those goals
			Goals T	arget attainment	All goals
				es (month & year)	attained?
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> </ul>			XX Yes INO IYes INO	9/2002	XSYes ONO
c) Other wage goals			Q Yes Q No		🗅 Yes 🗅 No
)) Other goals other than wa	age and job goe	ls	Q Yes Q No		Q Yes Q No
Please attach descriptions a ttainment if not documente		-			
	ge hourly valu	e of any employer-pro	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.	
Ilourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99			·		s
\$9.00 to \$10.99	3				SUNKNOWN
\$11.00 to \$12.99	·			·	\$
	<u> </u>				\$
\$13.00 to \$14.99					\$
\$13.00 to \$14.99 \$15.00 and higher			······		
\$15.00 and higher 1. For each of the followidate and the actual hou	irly value of an you are unable	y employer-provided to separate job crea	health insurance for thos tion into full- and part-tin	e jobs. (Only indica	
\$15.00 and higher 1. For each of the followidate and the actual hou	rly value of an	y employer-provided	health insurance for thos	e jobs. (Only indica	
\$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage	irly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indica ne positions.) Job	tte job creation in Hourly Value of
\$15.00 and higher 1. For each of the followidate and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	irly value of an <i>you are unable</i> Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indica ne positions.) Job	nte job creation in Hourly Value of Health Insurance
\$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	irly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indica ne positions.) Job	nte job creation in Hourly Value of Health Insurance
\$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.92	irly value of an <i>you are unable</i> Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indica ne positions.) Job	tte job creation in Hourly Value of Health Insurance \$ \$
\$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.92 \$9.00 to \$10.99	irly value of an <i>you are unable</i> Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indica ne positions.) Job	tte job creation in Hourly Value of Health Insurance \$ \$
\$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.92 \$9.00 to \$10.99 \$11.00 to \$12.99	irly value of an <i>you are unable</i> Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. <u>(Only</u> indica ne positions.) Job	tte job creation in Hourly Value of Health Insurance \$ \$

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Page 3 of 4

Do not complete this section if you complete	ea li on another 2001 MBAF sub	milled to DIED.)
<ol> <li>During the period January 1, 2000 through Dece report as required by Minn. Stat. §116J.993 and</li> </ol>	mber 31, 2000, did your organization ha §116J.994? <i>(Mark one.)</i>	we any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessar.		ncial assistance awarded to that
X No		
Name of recipient Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who f agreement signed on or after January 1, 2000, th	at were required to be fulfilled by the tin	ne of this report? (Mark one.)
<b>Q</b> Yes (Complete the remainder of the	is section.) XNo (Stop here and su	bmit form to DTED .)
<ol> <li>35 39. Provide the following information for each were to be attained by the time of reporting.</li> </ol>	recipient failing to fulfill goals or any of (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a differ to other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	
Q Yes Q No, recipient has begun to repay the ass	istance. Q No, recipient has not begi	in to repay the assistance.
38. Has the agreement been amended to extend the r	ecipient's deadline for fulfilling its oblig	gations? (Mark one.)
	QYes QNo	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	······································

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2001 Minnesota Business Assistance Form

Page 4 of 4



	RECEIVED SEP 2 4 20 Assistance Form	
2001 Minnesota Business	Assistance Form RECEIVED SEP 2 4 20	101

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

2. Name of person completing this form

	A COUNTY	JON CLAUS	<u>on</u>	
3. Street address 629 A	10, 11th St.	4. City MONTEVIDEO	5. ZIP code らしつ	165
6. County CHIPPEWA	7. Phone number 320-269-7447	8. Fax number 320-269-7412	9. E-mail add JCLA450	dress NEO CO, CHI
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from th	e person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. [fgrantor is entity lease indicate affiliation. For d check "City government.")	<ul> <li>12. Has your organization he adopted criteria for award compliance with Minn. S</li> <li>Yes (Indicate hearing date No</li> <li>We held a public hearing b criteria (Indicate date of i.</li> </ul>	ling business sub tat. §116J.994? ( 	sidies in Mark one.) attach criteria) Jopted
through December 31, 200 Yes (Comp AGEEMENTS SIGNED	ned any agreements to award a bus 10 that is required to be reported u 10 the remainder of the form.) 1347 No PAYMEN bout Recipient	<ul> <li>Other (Please attach explanation)</li> <li>siness subsidy or financial assist nder Minn. Stat. §116J.993 and</li> <li>No (Stop here, go to section)</li> </ul>	nation.) ance from Januar §116J.994? (Ma	y <sup>°</sup> 1, 2000
<ul> <li>Has your organization sign through December 31, 200 Yes (Comp AGEEMENTS SIGNEM</li> <li>AGEEMENTS SIGNEM</li> <li>Name of business or organ receiving subsidy or finance</li> <li>REBEL CAMPE</li> <li>16. Does the recipient have a</li> </ul>	)0 that is required to be reported u olete the remainder of the form.) には、人な、アイイルビル bout Recipient nization cial assistance	<ul> <li>□ Other (Please attach explains subsidy or financial assist nder Minn. Stat. §116J.993 and</li> <li>□ No (Stop here, go to secther the secther that the secthe</li></ul>	nation.) ance from Januar §116J.994? (Ma on 5 on page 4.) ubsidy or financi ARA CITY, State	y 1, 2000 urk one.) al assistance

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)

	· · · · · · · · · · · · · · · · · · ·		
Manufacturing     Services     Aretail Trade     Wholesale Trade	Finance, Insurance, Real Estate     Construction     Other (please specify)		
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)		
▼Yes (Indicate city and state of previous address and reason re □ No (Go to Question 19.)	ecipient did not complete this project at that address.)		
CLARA CITY, MPNEWCONSTRCity/State of previous addressReason project not completed at			
<ol> <li>Would the recipient have remained in previous location or r financial assistance? (Mark one.)</li> </ol>	elocated elsewhere if not awarded this business subsidy or		
Remained at previous location	ent Minnesota location		
Section 3 General Information About the Agreem	ent		
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)		
and 25.) /2,300	9-21-99		
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.)	is placed into service, or the recipient occupied the property,		
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>Dusiness subsidy</li></ul>	e four types of financial assistance (see Question 25) required to		
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).		
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy		
□ loan (only principal)       \$	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>assistance for a TIF soils condition district</li> </ul>		
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)		
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> </ul>	□ No Grantor(s) and value of the agreement(s):		
<ul> <li>in mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor Scitop Oist.         Grantor CLARA CITY         Grantor       Value (\$)         MACCRAY       Scitop Oist.         Grantor       Value (\$)		

<ul> <li>Carating economic div</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communi</li> </ul>	growth		<ul> <li>Increasing tax base</li> <li>Other (please specijier)</li> </ul>		
29. Indicate whether the ag at the time of this repo				he recipient had atta	ined those (
<ul> <li>A) Specific wage and job goals to be attained within 2 years</li> <li>B) Other job-creation and/or retention goals</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage and job goals</li> </ul>			established? da	Carget attainment tes (month & year)	All go attain Q Yes ( Q Yes ( Q Yes ( Q Yes (
(Please attach descriptions attainment if not documente					
job creation goals in fu	age hourly valu ill-time equivale Full-time Job	e of any employer-pro ents if you are unable Part-time/ Seasonal/Temp.	ovided health insurance g to separate goals by full FTE (only if goals not stated as FT/PT)	ouls for those jobs. - and part-time posi Job	tions.) Hourly
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health I
no hourly wage-level goal					۰ ۲
less than \$7.00					
\$7.00 to \$8.99			· · · · · · · · · · · · · · · · · · ·		\$ <u></u>
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					2
\$13.00 to \$14.99			• •		\$
\$15.00 and higher				<u> </u>	° \$
	urly value of an	y employer-provided	nber of actual jobs create health insurance for the tion into full- and part-ti FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	se jobs. <u>(Only</u> indica me positions.)	
less than \$7.00					۲
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99		·	· · ·		s
\$13.00 to \$14.99					s
\$15.00 and higher					_ ۲
32. Has the recipient achi (Mark one.)	eved all goals (s		und 31) and fulfilled <u>all o</u> D No	bligations stipulated	in the agr

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### Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on a

Do not complete this se	ection if you completed	it on another 2001 MBAF sub	mitted to DTED.)	
	ary 1, 2000 through Decemi inn. Stat. §116J.993 and §1	ber 31, 2000, did your organization ha 16J.9947 <i>(Murk one.)</i>	ave any recipients who failed to	
	of each recipient failing to re ditional pages if necessary.)	eport and the value of subsidy or finar	ncial assistance awarded to that	
Mo.				
Name of recipient	Type of subsidy or assist	nance (See Questions 24 and 25.)	Value of subsidy or assistance	
		ed to achieve any goals or fulfill any c were required to be fulfilled by the tin		
Con Yes (Con	nplete the remainder of this	section.) XNo (Stop here and su	bmit form to DTED .)	
35 39. Provide the follow were to be attained	ving information for each reach reac	cipient failing to fulfill goals or any ol Attach additional pages if necessary.)	ther terms of an agreement that	
35. Information on recipier	nt and agreement:			
Name of recipient in defaul	t .	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for default (	Mark all that apply.):	-		
<ul> <li>recipient ceased operatio</li> <li>recipient was unable to f</li> </ul>		<ul> <li>recipient relocated to a different community</li> <li>other (Specify reason.)</li> </ul>		
37. To date, has the recipie	ent fulfilled its repayment of	bligation? (Mark one.)		
QYes QNo, recipient <u>h</u>	has begun to repay the assist	ance. O No, recipient has not begu	in to repay the assistance.	
38. Has the agreement bee	n amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)	
		QYes QNo		
39. Describe the steps bein	g taken to bring recipient in	to compliance or recoup the subsidy:	· · · ·	
			·	

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2001 Minnesota Business Assistance Form

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Page 4 of 4

Department of Trade and Economic Development

# RESOLUTION ESTABLISHING A TAX ABATEMENT POLICY

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

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

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

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

1. <u>Local approval</u>. The Board shall consider an abatement of real estate taxes if the local unit of government has approved an abatement plan for the property requesting the abatement.

2. <u>Properties for which abatements will apply.</u> The Board shall consider an abatement of a portion of the real estate taxes on properties classified as either commercial or industrial.

3. <u>Non-competing businesses</u>. The Board shall consider the abatement of a portion of real estate taxes on properties that represent a non-competing business to other existing businesses within the local taxing district or if a competing business has been approved for a tax abatement plan.

4. <u>Minimum valuation increase.</u> The Board shall consider abatement requests where the new construction value to the property shall exceed \$100,000.

5. <u>Terms of Abatement</u>. The duration of any abatement request shall be for no longer than 10 years.

6. <u>Review and Modification</u>. The Board shall reserve the right to review and modify the abatement every second year after it was approved.

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

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

9. <u>Maximum Annual Abatement Amount Per Taxing District</u>. The total of all the abatements granted by each of the eligible political subdivisions in any one year may not exceed the greater of (a) 5% of its current year levy or (b) \$100,000.00.
(Please return by April 1 1999) VED JUL 5 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name		
Chisago County HRA-EDA		Mark Vahlsing		
3. Agency street address		4. City		
6448 Main Street - PO box 410		North Branch		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55056	651-674-5664 7. Fax number (area code)	City County Regio	onalState	
	651-674-2996	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
County Line Iron, Inc.		3444		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)		
TIF		Tax Increment Fi	nancing Dist#1	
<ol> <li>Date of business assistance agreement</li> </ol>	14. Date assistance first provided		Dollar value of business assistance	
6/18/97		•	\$132,000	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average h assistance	, ,	level goals for busir	ness receiving
10 jobs				<b>C</b> 1	0 00	
19. Actual jobs created since business received assistance 6			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.)				mance since per of emplo	project placed in se byees at each wage le	
	urly Wage Level 1. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
less	than \$7.00 0 to \$7.99		·		less than \$7.00 \$7.00 to \$7.99	
5 \$10.	0 to \$9.99 .00 to \$11.99 .00 and higher	$\frac{1.35}{1.35}$	 6		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	1.35
If necessary, please attach additional documentation.			If necessary, p	olease attacl	n additional documer	ntation.
Please complete lines 25 through 27 for all agreements. (22 FT employees)						
25. Last date actual wage and job creation levels documented			26. Date this l	Minnesota I	Business Assistance	Form completed

Dec 2000		6/25/01
27. Have all wage and job goals been achieved?	Yes - do i	not submit future forms for this project.
	🛛 No — plea	se submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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 return by April 1, 1999)

c 1)



Please complete lines 1 throug	h 16 for all agreements.	RECEIVED	Development	
1. Funding government agency name		2. Contact name		
Chisago County	HRA-EDA	Mark Vahlsing, Exec. Director		
3. Agency street address	······································	4. City		
6448 Main, PC	Box 410	North Branch, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
$\begin{array}{r} 651 - 674 - 5664 \\ \hline 55056 \\ \hline 7. \ Fax \ number \ (area \ code) \\ \hline 651 - 674 - 2996 \\ \hline \end{array}$		City X_CountyRegionalState		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Crossroads Motel (Super 8)				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)		
Tax Abatement				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
7/21/99	5/2000	placed in service 5/2000	\$50,000	

" DECEIVED JUL

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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			
5	7.00 - 7.50			
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since			
	business received assistance			
4 full time, 20 part time	7.00 - 7.50			
Goals of business receiving assistance: (Please indicate	Actual performance since project placed in service: (Please			
number of employees at each wage level and indicate the	indicate number of employees at each wage level and indicate			
corresponding benefit level.)	the corresponding benefit level.)			
21. Job Creation Hourly Wage 22. Hourly Value				
Level of Voluntary				
Full-time Part-time (excl. benefits) Benefits (\$)	Full-time Part-time (excl. benefits) Benefits (\$)			
less than \$7.00	4 less than \$7.00			
<u>5</u> \$7.00 to \$7.99	<u>1</u> <u>20</u> \$7.00 to \$7.99			
\$8.00 to \$9.99	<u>3</u> <u>1</u> \$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
	First Report	July 3, 2001
	27. Have all wage and job goals been achieved? $X$ Yes — $G$	to not submit future forms for this project. lease submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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 Minnesota Business Assistance Form PECFIVED JUN 2 3 2001

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

1. Name of grantor (funding entity)	2. Name of person completing this form			
City of Clarissa	Suzanne Cuchna			
3. Street address	4. City 5. ZIP code			
202 Main St. W. Box 396	Clarissa 56440			
6. County 7. Phone number	8. Fax number 9. E-mail address			
	218-756-2181 Clarissa@hectel.n			
10. Please indicate who in your organization should receive th				
Name/Title Phone number	Street address City ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
City government	DYes (Indicate hearing date and attach criteria)			
County government	Ger No			
Regional government     State government	□ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)			
U Other (Please specify.)	Other (Please attach explanation.)			
<ul> <li>13. Has your organization signed any agreements to award a b through December 31, 2000 that is required to be reported</li> <li>Quest (Complete the remainder of the form.)</li> <li>Section 2 Information About Recipient</li> <li>14. Name of business or organization</li> </ul>	under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
receiving subsidy or financial assistance	will be used			
	Street address City State ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)				
□ Ycs (Indicate name and address of parent corporation below □ No	v. If more than one, indicate ultimate owner.)			
Name of parent corporation	Street address City State ZIP code			

Section 1 Information About Grantor

<ol> <li>Do not complete this section if you completed it</li> <li>33. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>	r 31, 2000, did your organization h	ave any recipients who failed to
□ Ycs (Indicate the name of each reciptent failing to report of the reciptent. Atlach additional pages if necessary.)	ort and the value of subsidy or finar	ncial assistance awarded to that
De No		
	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we	to achieve any goals or fulfill any ere required to be fulfilled by the tir	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of this set	cilon.) In the second subscription of the second	bmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (At	pient failing to fulfill goals or any o tach additional pages if necessary.,	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
Yes O No, recipient has begun to repay the assistance	ce. DNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipi	ent's deadline for fulfilling its oblig	sations? (Mark one.)
-	Yes QNo	
39. Describe the steps being taken to bring recipient into		
······		

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4



### 2001 Minnesota Business Assistance Form RECEIVED JUN 8 2001

2. Name of person completing this form

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

<u>City of Cold Spring</u>	<u>Larry J. Lahr,</u>	<u>City Administrator</u>
3. Street address 27 Red River Avenue South	4. City Cold Spring	5. ZIP code 56320
6. County7. Phone numberStearns320.685.3653	8. Fax number 320.685.8551	9. E-mail address coldspring@cloudnet.
10. Please indicate who in your organization should receive theLarry J. Lahr685-3653Name/TitlePhone number		e person in Question 2. <u>Avenue South</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 hel adopted criteria for award compliance with Minn. St	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>	<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of in</li> <li>Other (Please attach expland)</li> </ul>	t have not yet adopted itial hearing
<ul><li>13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported up</li></ul>	nder Minn. Stat. §116J.993 and	§116J.994? (Mark one.)
<b>Yes</b> (Complete the remainder of the form.)	X No (Stop here, go to section	on 5 on page 4.)
	15. Address where business su will be used	ibsidy or financial assistance
Section 2 Information About Recipient 14. Name of business or organization	1	ubsidy or financial assistance State ZIP code
Section 2 Information About Recipient 14. Name of business or organization	will be used	
Section 2 Information About Recipient 14. Name of business or organization receiving subsidy or financial assistance	will be used           Street address         City	State ZIP code

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)

	anuary 1, 2000 through Dec y Minn. Stat. §116J.993 and	ember 31, 2000, did your organization ha §116J.994? (Mark one.)	ive any recipients who failed to
	ne of each recipient failing to additional pages if necessar	o report and the value of subsidy or finar y.)	ncial assistance awarded to that
X) No			
Name of recipient	Type of subsidy or as	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
		failed to achieve any goals or fulfill any c at were required to be fulfilled by the tim	
🗅 Yes (	Complete the remainder of ti	his section.) 🛛 🗙 No (Stop here and su	bmit form to DTED .)
		recipient failing to fulfill goals or any of (Attach additional pages if necessary.)	her terms of an agreement that
<ol> <li>35. Information on recij</li> </ol>		(Anden dadmonal pages if necessary.)	
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipies	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	It (Mark all that apply.):		
C recipient ceased opera		c recipient relocated to a different	ent community
C recipient was unable t		• other (Specify reason.)	
37. To date, has the reci	pient fulfilled its repayment	obligation? (Mark one.)	
🗅 Yes 🛛 No, recipier	nt <u>has begun</u> to repay the ass	istance. DNo, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement b	been amended to extend the r	ecipient's deadline for fulfilling its oblig	ations? (Mark one.)
		🗅 Yes 🛛 No	
39. Describe the steps b	eing taken to bring recipient	into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Postmarted 6/7/01 mg

Page 4 of 4



## EXHIBIT A

RECEIVED JUN 8 2001

## **BUSINESS SUBSIDY POLICY AND CRITERIA**

### THE CITY OF COLD SPRING, COUNTY OF STEARNS, MINNESOTA

ADOPTED: July 11, 2000

#### Section 1. Definitions

- **1.1** Act means Minnesota Statutes, sections 116J.993 to 116J.995, as hereinafter amended, also referred to as the Business Subsidv Act.
- **1.2** Authority means the City of Cold Spring.
- 1.3 Business Subsidy means a grant, contribution of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the Recipient, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business. Forms of financial assistance listed in *Appendix A* are not a Business Subsidy under the Act.
- **1.4 County** means the County of Stearns.
- 1.5 Criteria means those elements considered by the Grantors as a guide in the consideration of potential Recipients requesting a Business Subsidy. Meeting the Criteria does not presume that a project will automatically be approved nor does it create any contractual rights on the part of any applicant.
- **1.6** Grantor means the City of Cold Spring.
- 1.7 **Recipient** means any for-profit business entity that receives a Business Subsidy or any nonprofit business entity meeting the requirements of section 116J.993, subd. 6 of the Act.
- Subsidy Agreement means an agreement between the Grantor and a Recipient that meets the requirements of section 116J.994, subd.
   3 of the Act. The Subsidy Agreement may be incorporated into a broader development agreement for a project. The terms listed

under Appendix B are required under the Act.

- Section 2. Public Policy. Increasing the tax base may not be used as a public purpose, nor can job retention be used unless job loss is imminent and demonstrable.
  - 2.1 A Business Subsidy must have a defined public purpose. Public purposes that could apply to the project, among others, are listed in *Appendix C*.
  - **2.2** A statement of the public purpose must be given in the Subsidy Agreement.
- Section 3. Business Subsidy Criteria. A Grantor reserves the right to approve a Business Subsidy that varies from the Criteria as listed [in this section 3 or in Appendix D], if the Grantor determines a valid public purpose will be served. Criteria may be amended at any time, subject to a public hearing, the notice of which shall be published ten days prior to the hearing.
  - **3.1** Any Business Subsidy approved by a Grantor shall be in compliance with the requirements of State and local law, including conformance with the comprehensive plan of the City. A Grantor can approve a request for a Business Subsidy, however, if changes in the comprehensive plan, the zoning ordinance or other local laws or policies are under active consideration by the City.
  - **3.2** Prior to consideration or approval of a Business Subsidy, an applicant shall provide the following, if requested by a Grantor:
    - (i) Demonstrate general development capability and specific capability for the type and size of project proposed;
    - (ii) Provide requested market and financial feasibility studies, appraisals, soil borings, information provided to private lenders regarding the project, or other information or data that the Grantor, or its financial advisor, requests to independently determine the need for a Business Subsidy. A Grantor may also rely on data provided by an applicant to financial institution.
  - **3.3** A Grantor will award a Business Subsidy within the shortest reasonable term of years.
  - **3.4** A Grantor shall require the following commitments of a Recipient, if applicable to the type of project under consideration:

- The Recipient must retain ownership of the project at least until the project is completed, its occupancy stabilized, project management established, and Business Subsidy repayment is initiated.
- (ii) The Recipient must continue operations at the site where the Business Subsidy is used for at least five years from receipt of the benefit.
- **3.5** The Recipient of a Business Subsidy will be required to meet wage and job goals determined by the Grantor on a case by case basis. The setting of wage and job goals will be sensitive to prevailing wage rates, local economic conditions, external economic forces over which neither the Grantor nor the Recipient has control, the financial resources of the Recipient, the competitive environment in which the Recipient's business exists, and the public purpose for which the Grantor is providing the Business Subsidy.
- Section 4. Subsidy Agreement. A Recipient of a Business Subsidy is required by the Act to enter into a Subsidy Agreement with a Grantor.
  - **4.1** The Subsidy Agreement between the Grantor and the Recipient must meet the requirements set forth in *Appendix B* but may be incorporated into the development agreement for the project.
  - 4.2 For a subsidy exceeding \$100,000, an applicable Grantor must hold a public hearing unless a hearing is otherwise required, with public notice in the official newspaper at least ten-days before the public hearing. The notice must be sufficiently conspicuous in size and placement, make the information available in printed paper copies, and if possible, on the Internet

#### **APPENDIX** A

#### EXEMPTIONS FROM THE BUSINESS SUBSIDY ACT

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

- 1. A Business subsidy of less than \$25,000;
- 2. Assistance that is generally available to all businesses or to a general class of similar businesses, such as a line of business, size, location, or similar general

criteria;

- 3. Public improvements to buildings or lands owned by the state or local government that serve a public purpose and do not principally benefit a single business or defined group of businesses at the time the improvements are made;
- 4. Redevelopment property polluted by contaminants as defined in section 116J.662, subdivision 3;
- 5. Assistance provided for the sole purpose of renovating old or decaying building stock or bringing it up to code, provided that the assistance is equal to or less than 50 percent of the total cost;
- 6. Assistance provided to organizations whose primary mission is to provide job readiness and training services if the sole purpose of the assistance is to provide those services;
- 7. Assistance for housing;
- 8. Assistance for pollution control or abatement;
- 9. Assistance for energy conservation;
- 10. Tax reductions resulting from conformity with federal tax law;
- 11. Workers' compensation and unemployment compensation;
- 12. Benefits derived from regulation;
- 13. Indirect benefits derived from assistance to educational institutions;
- 14. Funds from bonds allocated under chapter 474A [qualified tax exempt bonds];
- 15. Assistance for a collaboration between a Minnesota higher education institution and a business;
- 16. Assistance for a tax increment financing soils condition district as defined under section 469.174, subdivision 19 [pollution clean-up];
- 17. Redevelopment when the recipient's investment in the purchase of the site and in site preparation is 70 percent or more of the assessor's current year's estimated market value; and
- 18. General changes in tax increment financing law and other general tax law changes of a principally technical nature.

#### **APPENDIX B**

#### **REQUIREMENTS FOR SUBSIDY AGREEMENTS**

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

1. A description of the subsidy, including the amount and type of subsidy and type of district if the subsidy is tax increment financing;

- 2. A statement of the public purposes for the subsidy:
- 3. Goals for the subsidy;
- 4. A description of the financial obligation of the recipient if the goals are not met;
- 5. A statement of why the subsidy is needed;
- 6. A commitment to continue operations at the site where the subsidy is used for at least five years after the benefit date;
- 7. The name and address of the parent corporation of the recipient, if any;
- 8. A list of all financial assistance by all grantors for the project; and
- 9. Wage and job goals, including
  - a. Goals for the number of jobs created, which may include separate goals for the number of part-time and full-time jobs, or where job loss is imminent and demonstrable, goals for the number of jobs retained;
  - b. Wage goals for the jobs created or retained, including specific goals to be attained within two years of the date the benefit was received.

#### APPENDIX C

#### SUGGESTIONS FOR SUBSIDY PUBLIC PURPOSES

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

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

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

### APPENDIX D

#### **BUSINESS SUBSIDY CRITERIA**

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

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

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

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

<sup>5</sup> 2001

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

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

Mayor Vogt announced that a public hearing would now be held to establish Business Subsidy Criteria. Brigetta Klemek

introduced the following resolution and moved for its adoption:

### **RESOLUTION NO. 00-24**

### A RESOLUTION ADOPTING BUSINESS SUBSIDY CRITERIA

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

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

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

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

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

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

)SS

\_\_\_\_

### CERTIFICATION

STATE OF MINNESOTA

COUNTY OF STEARNS

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

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

(CITY SEAL)

Larry J. Lahr City Administrator



# RECEIVED UL 1 1 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding er City of Columbia	City of Columbia Heights		2. Name of person completing this form Tim Johnson	
3. Street address 590 40th Avenue	NE.	4. Ciry Columbia Heights	5. ZIP code 55421	
6. County Anoka	7. Phone number (763)706-3673	8. Fax number (763)706-3671		umbia-height
10. Please indicate who in your organization should receive the 2 Walter R. Fehst, City Manager(763)706-3 Name/Title Phone number				s, MN 55421
	fark one. If grantor is entity ease indicate affiliation. For check "City government.")	<ol> <li>Has your organization held adopted criteria for awardi compliance with Minn. Sta</li> </ol>	ng business subsidies in	
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of int</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet adopted tial hearing)	
through December 31, 2000		iness subsidy or financial assistan nder Minn. Stat. §116J.993 and § XX No ( <u>Stop here,</u> go to section	116J.994? (Mark one.)	
Section 2 Information Ab	out Recipient			- <b>-</b>
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>		15. Address where business sul will be used	osidy or financial assistance	
		Street address City	State ZIP code	
16. Does the recipient have a pa		If more than one, indicate ultime	ate owner.)	- -

□ No Name of parent corporation Street address City State ZIP code

2001	Minnesota	Business	Assistance i	Form
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Page 1 of 4

<ol> <li>Do not complete this section if you complete</li> <li>Buring the period January 1, 2000 through Dec report as required by Minn. Stat. §116J.993 and</li> </ol>	ember 31, 2000, did your organization h	
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessar	o report and the value of subsidy or fina	ncial assistance awarded to that
۵۵ No		
	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who t agreement signed on or after January 1, 2000, th</li> </ol>	failed to achieve any goals or fulfill any at were required to be fulfilled by the tir	other obligations under an ne of this report? (Mark one.)
Yes (Complete the remainder of the second	nis section.) 🖄 No (Stop here and su	ibmit form to DTED .)
35 39. Provide the following information for each were to be attained by the time of reporting.	recipient failing to fulfill goals or any o (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
Yes ONO, recipient has begun to repay the assis	stance. Q No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	ations? (Mark one.)
	🗅 Yes 📮 No	
9. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	

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

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

2001 Minnesota Business Assistance Form

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Page 4 of 4



(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

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1. Funding government agency	/ name	2. Contact name			
City of Columbia H	leights	Kenneth R. Anderson			
3. Agency street address		4. City			
590 40th Avenue NE	· · · · · · · · · · · · · · · · · · ·	Columbia Heights			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55421	(763)706-3670		Regional State		
7. Fax number (area code)			_KegionalState		
:	(763)706-3671	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)		
Metro Assemblies, Inc.					
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF Pay-As-You-Go		12. Name of TIF district (if applicable)			
Business Revolving	Loan Fund (BRLF)	M.U.R.P.			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/ctc.) was placed in service	assistance TIF - \$50,416		
Aug. 1, 1995	March, 1996	placed in service	BRLF- \$25,000		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 2 agreements signed during 1998 and future years, please complete lines 21 through 24.					
17. Job creation goals for busir	-	<ol> <li>Average hourly wage level</li> </ol>	goals for business receiving		
2 jobs within 2 ye	ars of first paymen	at least \$6	per hour		
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since			

					eceived assi 52/hr	stance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation     Hourly Wage     22. Hourly Value     23. Job Creation       Level     of Voluntary       Full-time     Part-time     Full-time			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)			
		less than \$7.00			<u> </u>	less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
<del></del>		\$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, p	lease attacl	h additional docume	ntation.	If necessary, p	lease attacl	n additional docume	ntation.

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
	April 1, 1999
	o not submit future forms for this project.
LINo — pl	ease submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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)

(Please return by April 1, 1999)



addtn'l by Nov.200

Please complete lines 1 throug	h 16 for all agreements. R	ECEIVED JUL 11	2001 Development			
1. Funding government agency	y name	2. Contact name				
City of Columbia	Heights	Kenneth R. Anderson <u>Community Development Director</u>				
3. Agency street address		4. City				
590 40th Avenue N	IE	Columbia Heights	,			
5. Zip code 55421	6. Phone number (area code) (763)706-3670 7. Fax number (area code)	8. Type of government agency XCityCounty				
	(763)706-3671	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)			
Medtronic, Inc.		5047				
11. Type of assistance (e.g. loa Forgivable Loan Gr	n, TIF, grant, infrastructure, etc.) `ant	12. Name of TIF district (if applicable)				
TIF Pay-As-You-Go		53rd Avenue				
13. Date of business assistance agreement Nov. 1, 1996	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was placed in service</li> </ol>	16. Dollar value of business assistance 949,675 TIF 250,000 Grant to City			
Sept. 12, 1996	1998	F	250,000 forgivable loa			

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For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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			
156			assistance \$10 per hour and above			
19. Actual jobs created s Was 111	20. Actual aver business re			oloyees hired since		
Currently167			\$24.	34		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			indicate numbe	er of emplo	project placed in sovees at each wage the level.) (*SEE	level and indicate
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		חי	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7,00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		<u>19</u> 92	· · · · · · · · · · · · · · · · · · ·	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and highe	30% of wage 30% of wage
If necessary, please attach additional documentation.			reakdown c	m # of	additional docum	entation. wage for 56
Please complete lines 25 t	through 27 for all a	greements.jobs	created.	Medtro	nic will si	ubmit to DTED
25. Last date actual wage	25. Last date actual wage and job creation levels documented			linnesota E	Business Assistance	e Form completed
12-31-98				30,1		
27. Have all wage and jol	b goals been achieve	d? Yes-do	not submit future	e forms for	this project.	

XX No - please submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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 Minnesota Business Assistance Form RECEIVED OCT 1 7 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)	2. Name of person completing this form				
Cottonwood Township	John Griebel				
3. Street address	4. City 5. ZIP code				
P.O. Box 149	Searles, MN 56084				
6. County	8. Fax number 9. E-mail address				
Brown (507) 625-7973					
10. Please indicate who in your organization should receive 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.)				
<ul> <li>☐ City government</li> <li>☐ County government</li> <li>☐ Regional government</li> <li>☐ State government</li> <li>④ Other (Please specify.) _Township</li> </ul>	<ul> <li>Yes (Indicate hearing date and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>				
<ol> <li>Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)</li> </ol>					

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

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			al assistance		
	Street address	City	State	ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·					
□ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) □ No						
Name of parent corporation	Street address	City	State	ZIP code		

<ol> <li>During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and §</li> </ol>		ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.		ncial assistance awarded to that
20 No		
Name of recipient Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fa agreement signed on or after January 1, 2000, tha</li> </ol>	iled to achieve any goals or fulfill any t were required to be fulfilled by the ti	other obligations under an me of this report? (Mark one.)
<b>U</b> Yes (Complete the remainder of this	s section.) 🛛 🎝 No (Stop here and su	ubmit form to DTED .)
<ul> <li>35 39. Provide the following information for each r were to be attained by the time of reporting.</li> <li>35. Information on recipient and agreement:</li> </ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
7. To date, has the recipient fulfilled its repayment o	bligation? (Mark one.)	
Yes INO, recipient <u>has begun</u> to repay the assis	tance. 🛛 🗖 No, recipient <u>has not begu</u>	an to repay the assistance.
18. Has the agreement been amended to extend the re-	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
	I Yes I No	
9. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Page 4 of 4



# 2001 Minnesota Business Assistance Form RECEIVED JUL 1 6 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity) $C_{T}T_{V} OF EUE(ETH)$	2. Name of person completing this form $V - ECh$				
3. Street address 413 GRANT AVE	4. City EUELETH 5. ZIP code 5.5734				
6. County 57-L0J15 218-744-2501	8. Fax number 218-744-5644				
10. Please indicate who in your organization should receive the <u>R-FCK CITL Cleak</u> <u>744-250</u> Name/Title Phone number					
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)				
City government County government Regional government State government Other (Please specify.) Other (Please attach explanation.)					
<ol> <li>Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported up</li> </ol>	· · · · · · · · · · · · · · · · · · ·				
□ Yes (Complete the remainder of the form.)	$\mathbf{X}$ No ( <u>Stop here</u> , go to section 5 on page 4)				

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	e business subsi	dy or financıa	al assistance
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark on	1e.)			
$\square$ Yes (Indicate name and address of parent corporation by $\square$ No	elow. If more than one, it	ndicate ultimate	' owner.)	
Name of parent corporation	Street address	City	State	ZIP code

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

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form 12/01

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Page 4 of 4



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#### Section 1 Information About Grantor

1. Name of grantor (funding entity) $= m \left[ \frac{1}{2} + \frac$	2. Name of person completing	this form	
3. Street address Place Turk 1 - Thing 412 Place States and the strength	4. City Elitett	5. ZIP code	=(]
6. County 7. Phone number Supt Activity 744 1296	8. Fax number	9. E-mail add	ress
10. Please indicate who in your organization should receive the $\overline{Liff(4Mf^2)}$ if $f(f(x))$	2002 MBAF if different from the	person in Quest	ion 2.
Name/Title Phone number	Street address	City	ZIP code
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization signed any agreements to award a busiling of the second seco</li></ul>		ng business subs at. §116J.994? (M S A A A A A A A A A A A A A A A A A A A	idies in <i>Aark one.)</i> t <u>tach criteria</u> ) opted / 1, 2000
through December 31, 2000 that is required to be reported u Yes (Complete the remainder of the form.)	nder Minn. Stat. §116J.993 and §		rk one.)
Section 2 Information About Recipient			
14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business su will be used</li> </ol>	bsidy or financia	Il assistance
	Street address City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indicate ultim	ate owner.)	
Name of parent corporation	Street address City	State	ZIP code

33. During the period Jar		<i>it on another 2001 MBAF subr</i> per 31, 2000, did your organization ha 16J.994? ( <i>Mark one.</i> )	· · · · · · · · · · · · · · · · · · ·
Ses (Indicate the name		eport and the value of subsidy or finan	cial assistance awarded to that
K No			
Name of recipient	Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
		ed to achieve any goals or fulfill any o were required to be fulfilled by the tim	
The Yes (Co	omplete the remainder of this	section.) XNo (Stop here and su	bmit form to DTED .)
		cipient failing to fulfill goals or any ot Attach additional pages if necessary.)	her terms of an agreement that
35. Information on recipi	ent and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien	·	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
<ul> <li>recipient ceased operat</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recip	ient fulfilled its repayment of	bligation? (Mark one.)	
□ Yes □ No, recipient	has begun to repay the assist	ance. 🛛 No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement be	en amended to extend the rec	ipient's deadline for fulfilling its oblig	ations? (Mark one.)
		Yes No	
39. Describe the steps be	ing taken to bring recipient in	to compliance or recoup the subsidy:	····

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2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

#### **RESOLUTION ADOPTING CRITERIA FOR BUSINESS SUBSIDIES**

· 50 JUL 1 5 2001 WHEREAS, the City of Eveleth wishes to submit an application to the Minnesota Department of Trade and Economic Development (DTED) for economic development projects within the City, and

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

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

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

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

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

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

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

> > 1) a description of the subsidy, including the amount and type of subsidy, and type of district if the subsidy is tax increment financing;

2) a statement of the public purposes for the subsidy;

3) measurable, specific and tangible goals for the subsidy;

4) a description of the financial obligation of the recipient if the goals are not met;

5) a statement of why the subsidy is needed;

a commitment to continue operations in the 6) jurisdiction where the subsidy is used for at least five years after the benefit date;

7) the name and address of the parent corporation of the recipient, if any; and

8) a list of all financial assistance by all grantors for the project.

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

Resolution No. 3509 - (Cont'd).

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

10) wage goals for the jobs created or retained.

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

Ayes: Councilors Sabetti, Kallevig, Pollack, Matos and Mayor Lenich Nays: None Passed: September 5, 2000

Michael Lenich Mayor

Attest: Raymond J. Eck. City Clerk

Published: September 14, 2000



# RECEIVED AUG

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

### Section 1 Information About Grantor

GRANT COUNTY 3. Street address 4 10 SECOND STREET NE	JIM STANDISH 4. City		
	4. City		
10 SECOND STREET NE		5. ZIP code	
	ELBOW LAKE	56531-1007	
	8. Fax number	9. E-mail address	
GRANT 218 685-4494	218 685-4498	jim.standishco.grant m	
10. Please indicate who in your organization should receive the 200	002 MBAF if different from the	person in Question 2.	
JIM STANDISH, CORDINETOR 218 685-4494 10	0 2nd St. NE, ELBOW	LAKE, MN 56531-1007	
Name/Title Phone number	Street address	City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Stat</li> </ol>	g business subsidies in	
Image: Second system     Image: Second system <td><ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of initial Other (Please attach explanate)</li> </ul></td> <td>have not yet adopted ial hearing)</td>	<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of initial Other (Please attach explanate)</li> </ul>	have not yet adopted ial hearing)	
<ul> <li>13. Has your organization signed any agreements to award a busine through December 31, 2000 that is required to be reported unde</li> <li>Q Yes (Complete the remainder of the form.)</li> </ul>		16J.994? (Mark one.)	
Section 2 Information About Recipient			
	<ol> <li>Address where business sub will be used</li> </ol>	sidy or financial assistance	
Ī	Street address City	State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
☐ Yes (Indicate name and address of parent corporation below. If ☐ No	f more than one, indicate ultima	te owner.)	
Name of parent corporation St	treet address City	State ZIP code	

17. Industry of recipient's facility (Mark one.):			
	Services Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please)</li> </ul>	specify)
8. Did the recipient relocate as a result of sign	ing this agreement? (	Mark one.)	- <u></u>
<ul> <li>Yes (Indicate city and state of previous addressing to the state of th</li></ul>	ss and reason recipio	ent did not complete this project at that	address.)
City/State of previous address Reason project	not completed at pre	vious address	
19. Would the recipient have remained in previ financial assistance? (Mark one.)	ous location or reloca	ted elsewhere if not awarded this busin	ess subsidy or
C Remained at previous location C Re	located to different N	Ainnesota location	side Minnesota
ection 3 General Information About	the Agreement		
20. Total dollar value of business subsidy or fir assistance (Please separate value by type in and 25.)		. Date agreement signed (In addition to date, indicate any dates the agreement	
22. Benefit date (Indicate the date the recipient indicate the date improvements were finishe whichever is earlier.)			
<ul> <li>23. Does the agreement provide a business subs be reported? (Mark one.)</li> <li>         Dussing bus       </li> </ul>		r types of financial assistance (see Ques	tion 25) required to
24. If the agreement provided a business subsidy indicate the type(s) and total dollar value f		. If the assistance was one of the four t assistance, please indicate the type(s)	
I not applicable, agreement provided financial a	assistance	not applicable, agreement provided a b	usiness subsidy
loan (only principal) grant (i.e., forgivable loan)		assistance for property polluted by contaminants	\$
a tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities	\$ \$ \$	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	\$
land contribution	s O	assistance for pollution control or	\$
Gother (Specify subsidy type.)		abatement assistance for a TIF soils condition dist	rict \$
<ol> <li>If the assistance included tax increment fina indicate the type of TIF district? (Mark one.</li> </ol>		Are any other grantors providing a bufinancial assistance to the same project	
) not applicable, assistance was not in the form		Yes (Specify each grantor and the valu assistance below; attach an additional	
) redevelopment ) renewal and renovation			
D soils condition D economic development D mined underground space	Gr	antor(s) and value of the agreement(s):	
hazardous substance subdistrict	Gr	antor Value (\$)	
	Gr	antor Value (\$)	

			nancial assistance agreeme ent? (Mark all that apply.)		urpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality jo</li> </ul>			<ul> <li>Increasing tax base (c</li> <li>Other (please specify,</li> </ul>		
Job retention	: • · ·				
□ Stabilizing the communi					
			es of goals, and whether the date(s) for each goal.)	e recipient had atta	ined those goals
A) Specific wage and job g B) Other job-creation and/ C) Other wage goals D) Other goals other than y	or retention goal	5	established? date □ Yes □ No □ Yes □ No □ Yes □ No	rget attainment s (month & year)	All goals attained? Yes No Yes No Yes No Yes No
(Please attach description attainment if not document					
agreement and the ave	rage hourly valu	e of any employer-p	creation and/or retention g rovided health insurance ge to separate goals by full- FTE (only if goals not stated as FT/PT) Job Creation	als for those jobs.	( <u>Only</u> indicate tions.) Hourly Value Health Insuran
no hourly wage-level goal					s
less than \$7.00	. <u> </u>				s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					s
					s
\$11.00 to \$12.99					
\$11.00 to \$12.99 \$13.00 to \$14.99		<u></u>			s
					s s
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the <b>actual</b> ho	ourly value of an fyou are unable	y employer-provided to separate job crea	nber of <b>actual</b> jobs created I health insurance for those tion into full- and part-time	jobs. <u>(Only</u> indica	nce the benefit
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the <b>actual</b> ho	ourly value of an	y employer-provided	l health insurance for those	jobs. <u>(Only</u> indica	nce the benefit ate job creation in Hourly Value
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the <b>actual</b> ho full-time equivalents i Hourly Wage	ourly value of an <i>f you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	l health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indica e positions.)	nce the benefit ate job creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the <b>actual</b> ho full-time equivalents i Hourly Wage (excluding benefits)	ourly value of an <i>f you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	l health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indica e positions.)	nce the benefit ate job creation in Hourly Value of Health Insuran
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the <b>actual</b> ho full-time equivalents i Hourly Wage (excluding benefits) less than \$7.00	ourly value of an <i>f you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	l health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indica e positions.)	nce the benefit ate job creation in Hourly Value of Health Insuran
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents i Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ourly value of an <i>f you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	l health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indica e positions.)	nce the benefit ate job creation in Hourly Value of Health Insuran
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents i Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ourly value of an <i>f you are unable</i> Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	l health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indica e positions.)	the benefit ate job creation in Hourly Value of Health Insuran S S S

14

1

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

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 throug	h 16 for all agreements. R	ECEIVED AUG	8 2001 Development
1. Funding government agency		2. Contact name	
GRANT COUNTY		JIM STANDISH	
3. Agency street address		4. City	
10 SECOND STREET	NE	ELBOW LAKE	1 4 4 4
5. Zip code	6. Phone number (area code)	8. Type of government ager	ncy
56531-1007	218 685 - 4494 7. Fax number (area code)	City X_County	Regional State
	218 685-4498	Other (Please indicate	:)
9. Name of business receiving		10. Industry of recipient (SI	C code)
HOFFMAN COOP OIL		RETAIL AGRONOM	Y
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)
TIF		HOFFMAN COOP O	IL
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
10/1/98	7/6/00	placed in service 3/99	\$75,000
	ned between July 1, 1995 and D 8 and future years, please comp		
17. Job creation goals for busin			vel goals for business receiving
19. Actual jobs created since b	usiness received assistance	20 Actual average hourly u	age paid to employees hired since
17. Actual jobs created since b	usiness received assistance	business received assista	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Goals of business receiving as number of employees at each v corresponding benefit level.)			roject placed in service: (Please es at each wage level and indicate vel.)
		23. Job Creation	Hourly Wage 24. Hourly Value:
	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time (	Level of Voluntary excl. benefits) Benefits (\$)
	than \$7.00	le	ess than \$7.00
<u>2</u>	00 to \$7.99	2s	7.00 to \$7.99
\$8.0	00 to \$9.99	s	8.00 to \$9.99
\$10	.00 to \$11.99		10.00 to \$11.99
\$12	.00 and higher	S	12.00 and higher
If necessary, please attach add	0	If necessary, please attach a	6

#### 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

2/1/01	8/6/01
27. Have all wage and job goals been achieved?	<b>XX</b> Yes — do not submit future forms for this project.
-	No — please submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

### Section 1 Information About Grantor

	Name of grantor (funding entity)2. Name of person completing this form Daryl Zimmer			
3. Street address 4140 Fifth Stree	et	4. City Goodview	5. ZIP cod 55987	e
6. County Winona	7. Phone number 507-452-1630	8. Fax number 507-452-2174	9. E-maila dzimmer@	ddress Duminet.net
10. Please indicate who in y	our organization should receive the	e 2002 MBAF if different from	the person in Qu	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	<ol> <li>Has your organization h adopted criteria for awar compliance with Minn.</li> </ol>	ding business su	ibsidies in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>Yes (Indicate hearing data)</li> <li>No</li> <li>We held a public hearing a criteria (Indicate date of Other (Please attach explained)</li> </ul>	but have not yet initial hearing -	adopted
through December 31, 20	gned any agreements to award a bu 000 that is required to be reported to mplete the remainder of the form.)		1§116J.994? <i>(N</i>	lark one.)

#### 15. Address where business subsidy or financial assistance 14. Name of business or organization will be used receiving subsidy or financial assistance City Street address State ZIP code 16. Does the recipient have a parent corporation? (Mark one.) □ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) D No Name of parent corporation Street address City State ZIP code

Do not complete this section if you complet		
<ol> <li>During the period January 1, 2000 through Dece report as required by Minn. Stat. §116J.993 and</li> </ol>	ember 31, 2000, did your organization h §116J.994? (Mark one.)	nave any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		ncial assistance awarded to that
XX No		
Name of recipient Type of subsidy or ass	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who f agreement signed on or after January 1, 2000, th</li> </ol>		
□ Yes (Complete the remainder of th	is section.) 🛛 🛍 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each were to be attained by the time of reporting.		
35. Information on recipient and agreement:		r
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assis	stance. O No, recipient has not begu	in to repay the assistance.
8. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
· · · · · · · · · · · · · · · · · · ·	🛛 Yes 🗋 No	
19. Describe the steps being taken to bring recipient i	nto compliance or recoup the subsidy:	uño L
	·	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

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## **1999 Minnesota Business Assistance Form**

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name	
1. Funding government agency name			
City of Ham Lake		Doris Nivala	
3. Agency street address		4. City	
15544 Central A	15544 Central Ave. NE		
5. Zip code	6. Phone number (area code)	8. Type of government agency	/
	763-434-9555	X ci c	
55304	7. Fax number (area code)	$\underline{X}$ City <u>County</u>	_RegionalState
	763-434-9599	Other (Please indicate)	
9. Name of business receivin	g assistance	10. Industry of recipient (SIC code)	
Al-Cast Mold &	Pattern, Inc.		
	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	nlicable)
The type of assistance (e.g. is	an, Th, Brand, innusi detale, etc.)	12. Nume of The district (if up	pheuoley
Loan		N/A	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
10/00/00		placed in service	
12/28/98	12/28/98	12/28/98	\$55,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		<ol> <li>Average hourly wage level goals for business receiving assistance</li> </ol>				
8			\$10 - \$12 per hour			
19. Actual jobs created since business received assistance			<ol> <li>Actual average hourly wage paid to employees hired since business received assistance</li> </ol>			
11						
Goals of business receiving assistance: (Please indicate		Actual performance since project placed in service: (Please				
number of employees at each wage level and indicate the		indicate number of employees at each wage level and indicate				
corresponding benefit level.)		the corresponding benefit level.)				
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
	Level	of Voluntary		<b>D</b>	Level	of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	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	
_8	\$10.00 to \$11.99	\$4.24	4		\$10.00 to \$11.99	\$4.24
	\$12.00 and higher				\$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	26. Date this Minnesota Business Assistance Form completed
	8/28/01
27. Have all wage and job goals been achieved? $\boxed{X}$ Yes $-c$	to not submit future forms for this project. lease submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



ED Hadder 651 - 215 - 3841 101 Minnesota Business Assistance For

# 2001 Minnesota Business Assistance Form

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

#### Section 1 Information About Grantor

. . .

3. Street address       4. City       5. ZIP code         Jal       Count Ave       1. City       5. ZIP code         6. County       7. Phone number       8. Fax number       9. E-mail address         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.       10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.         Name/Title       Phone number       Street address       City       ZIP code         11. Classification of granter (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 beld a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       Yes (Indicate hearing date and attach criteria)         State government       We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)         Other (Please specify.)       0. Other (Please statch 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.994? (Mark one.)         Yes (Complete the remainder of the form.)       Stop here, go to section 5 on page 4.)	1. Name of grantor (funding entry)		2. Name of person completing this form			
6. County       7. Phone number       8. Fax number       9. E-mail address         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.         Name/Title       Phone number       Street address       City       ZIP code         11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")       12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1161.994? (Mark one.)         12. Glussification of grantor (Mark one.]       9. Yes (Indicate hearing date and atlach criteria)         13. Has your organization signed any agreements to award a business subsidy or financial assistance form lanuary 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §1161.994? (Mark one.)         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization       15. Address       City       State         14. Name of business or organization assistance       15. Address       City       State       ZIP code         16. Does the recipient bave a parent corporation? (Mark one.)       17 more than one, indicate ultimate owner.)       No         16. Does the recipient bave a parent corporation? (Mark one.)       17 more than one, indicate ult			4. City 0 5. 2IP code			f70
Name/Title       Phone number       Street address       City       ZIP code         11. Classification of 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 bearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       Image: County government       Image: County government       Image: County government         County government       Image: County government       Image: County government       Image: County government         State government       Image: County government       Image: County government       Image: County government         Other (Please specify.)       Image: Class specify.       Image: Class specify.       Image: Class specify.         13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.994? (Mark one.)       Image: Class specify.         Image: Class or organization receiving subsidy or financial assistance       Image: Class where business subsidy or financial assistance         14. Name of business or organization receiving subsidy or financial assistance       Image: Class specify.       Image: Class specify.         14. Name of business or organization receiving subsidy or financial assistance       Image: Classinge: Class specify.       Image:	6. County Hybard				9. E-mail add	Ircss
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. \$116J.994? (Mark one.)</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please afficient of the form)</li> <li>13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. \$116J.993 and \$116J.994? (Mark one.)</li> <li>Section 2 Informatice About Recipient</li> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>Street address</li> <li>City State ZIP code</li> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> </ul>	10. Please indicate who in your	organization should receive the	2002 MBAF if differ	ent from the	person in Ques	tion 2.
created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")       adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       Yes (Indicate hearing date and <u>attach criteria</u> )         County government       Yes (Indicate hearing date and <u>attach criteria</u> )         Other (Please specify.)	Name/Title	Phone number	Street add	T-SR	Ciry	ZIP code
County government       Image: State government         State government       Image: State government         Other (Please specify.)       Image: 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.)         Image: Im	created by gov't agency, pl	ease indicate affiliation. For	adopted criteri	a for awardin	ig business sub	sidies in
through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)         Yes (Complete the remainder of the form.)         Section 2 Information About Recipient         14. Name of business or organization receiving subsidy or financial assistance         15. Address where business subsidy or financial assistance         16. Does the recipient have a parent corporation? (Mark one.)         Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	County government Regional government U State government		BNo We held a public criteria (Indica	c hearing but ie date of init	have not yet ad	lopted
14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         16. Does the recipient have a parent corporation? (Mark one.)       16. Does the recipient have a parent corporation? (Mark one.)         12 Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	through December 31, 2000	0 that is required to be reported t	mder Minn. Stat. §11	6J.993 and §1	116J.994? (Ma	y 1, 2000 rk one.)
receiving subsidy or financial assistance  Will be used  Street address City State ZIP code  16. Does the recipient have a parent corporation? (Mark one.)  Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)  No	Section 2 Information Al	oout Recipient		· ·	**************************************	
16. Does the recipient have a parent corporation? (Mark one.) > Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) > No			1	business sub	sidy or financia	el essistance
⊇Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) ⊇No			Street address	Сіту	State	ZIP code
	16. Does the recipient have a p	arent corporation? (Mark one.)			· · · · · · · · · · · · · · · · · · ·	
Name of parent corporation Street address City State ZIP code		ress of parent corporation below	. If more than one, in	udicate ultima	ie owner.)	
	Name of parent corporation		Street address	City	State	ZIP code

Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)			
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11</li> </ol>		we any recipients who falled to			
Yes (Indicate the name of each recipient failing to represent the recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	acial assistance awarded to that			
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance			
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that	were required to be fulfilled by the tin	ne of this report? (Mork one.)			
Ycs (Complete the remainder of this	section.) IN (Stop here and su				
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting. (2)</li> <li>35. Information on recipient and agreement:</li> </ul>					
Name of recipient in default	lype of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (Mark all that apply.).		· ·			
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>					
37. To date, has the recipient fulfilled its repayment of	oligation? (Mark one.)				
Yes ONo. recipient has been to repay the assist		un to most the assistance.			
38. Has the agreement been amended to extend the rec					
		<u> </u>			
39. Describe the steps being taken to bring recipient in					

Return your completed MBAF(s) by <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form MINNESOTA DEPARTMENT OF TRACE and ECONOMIC DEVElopment • AFO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

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

2001 Minnesola Business Assistance Form

Page 4 of 4
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Post-it <sup>•</sup> Fax Note 7671	Date 6/4/01 pages 4			
TO MN Doff. Trade +	From Dan Maiers			
Co. Dept. Con. Nev.	Co. City of I 6H			
Phone #	Phone 651-450-25/6			
Fax # 651-215-3841	Fax #			

The 2001 Minnesota Business Assistance Form (MBA assistance agreement signed from January 1, 2000 th 81161 995. Please use a separate form to report each as

2001 Minnesota B

§116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.

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

1. Name of grantor (funding entity) City of Inver George Heights		2. Name of person completing this form			
3. Street address		4. City Small those Accepta	5. ZIP code 55077		
6. County Nakota	7. Phone number         8. Fax number           451-450-2516         651-450-2		9. E-mail address		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.					
Name/Title	Phone number	Street address	City ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
City government County government Regional government State government Other (Please specify.)		$4$ Yes (Indicate hearing date - $\frac{12/13/99}{13/99}$ and <u>attach criteria</u> ) $\Box$ No $\Box$ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) $\Box$ Other (Please attach explanation.)			
	<ol> <li>Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)</li> </ol>				

## Section 1 Information About Grantor

**Yes** (Complete the remainder of the form.)

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

## Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where business subsidy or financial assistant will be used</li> </ol>			al assistance	
	Street address	City	State	ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)					
<ul> <li>Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> <li>No</li> </ul>					
Name of parent corporation	Street address	City	State	ZIP code	

33. During the period January 1, 2000 through Dece report as required by Minn. Stat. §116J.993 and	ember 31, 2000, did your organization h. §116J.994? (Mark one.)	ave any recipients who failed to
□ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary	p report and the value of subsidy or finat y.)	ncial assistance awarded to tha
A No		
Name of recipient Type of subsidy or ass	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul><li>34. Did your organization have any recipients who f agreement signed on or after January 1, 2000, th</li><li> Yes (Complete the remainder of the second sec</li></ul>	at were required to be fulfilled by the tir	ne of this report? (Mark one.)
<ul><li>35 39. Provide the following information for each were to be attained by the time of reporting</li><li>35. Information on recipient and agreement:</li></ul>	recipient failing to fulfill goals or any o . (Attach additional pages if necessary.)	ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
	Trecipient relocated to a differ	ent community
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	• other (Specify reason.)	
C recipient was unable to fill vacant positions		
<ul> <li>recipient was unable to fill vacant positions</li> <li>37. To date, has the recipient fulfilled its repayment</li> </ul>	obligation? (Mark one.)	<u>in</u> to repay the assistance.
<ul> <li>recipient was unable to fill vacant positions</li> <li>37. To date, has the recipient fulfilled its repayment</li> <li>Yes No, recipient has begun to repay the assist</li> </ul>	obligation? <i>(Mark one.)</i> istance.	
<ul> <li>recipient was unable to fill vacant positions</li> <li>37. To date, has the recipient fulfilled its repayment</li> <li>Yes No, recipient <u>has begun</u> to repay the assist</li> </ul>	obligation? <i>(Mark one.)</i> istance.	
37. To date, has the recipient fulfilled its repayment	obligation? <i>(Mark one.)</i> istance.	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

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## RECEIVED JUN 8 2001

a service contract of the service of

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name			
City of Maple G	rove	Fredric Christia	nsen		
3. Agency street address		4. City			
12800 Arbor Lakes	s Parkway	Maple Grove			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55369	(763) 494-6320 7. Fax number (area code)	<u>X</u> CityCountyRegionalState			
•	(763) 494-6419	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Told Developmer		6552			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		Wedgwood X			
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of busi			
assistance agreement	provided	machinery/etc.) was	assistance		
11/9/99	11/9/99	placed in service 12/20/00 199,664			

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average h assistance		level goals for busi	ncss receiving	
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) SEE ATTACHED		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creati Full-time		Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Вепебіts ( <b>S</b> )
		less than \$7,00 \$7.00 to \$7.99 \$8,00 to \$9,99				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	
95	·	\$10.00 to \$11.99 \$12.00 and higher	\$30.00	95 \$12.00 and higher \$30.00			
a necessary, p	Dicuse attac	h additional docume	itation.	If 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
6/8/01	6301
27. Have all wage and job goals been achieved? K Yes - do	
	ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

12/020/020

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

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#### RECEIVED JUN 8 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		2. Contact name				
City of Maple Grove		Fredric Christiansen				
3. Agency street address		4. City				
12800 Arbor Lakes Parkway		Maple Grove				
5. Zip code	6. Phone number (area code)	) 8. Type of government agency				
55360	(763) 494-6320	X_CityCountyRegionalState				
55369	7. Fax number (area code)	CountyCegionalotate				
	(763) 494-6419	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Scimed Life Syst	cems, Inc.	3841				
11. Type of assistance (e.g. loa	n, TTF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF		Scimed TIF - Phase II				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was placed in service	assistance			
12/19/96	7/27/99	2/5/99	4,081,370			

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance				
252			16.00			
19. Actual jobs created since business received assistance		20. Actual avcrage hourly wage paid to employees hired since business received assistance				
432				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 indica the corresponding benefit level.)				
21. Job Creation Full-time Part-ti	Hourly Wage Level ne (excl. benefits)	22. Hourty Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99			<u> </u>	\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99		<b></b>		\$10.00 to \$11.99	
\$12.00 and higher				·	\$12.00 and higher	
If necessary, please at	tach additional docum	entation.	If necessary, p	lease attack	h additional docume	entation.

#### 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
6/8/01	6/8/01
27. Have all wage and job goals been achieved? X Yes -	
	blease submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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)



LL 016/

Please complete lines 1 through 16 for all agreements.

1. Funding government agend	ry name	2. Contact name							
City of Maple	Grove	Fredric Christiansen							
3. Agency street address		4. City							
12800 Arbor La	akes Pkwy	Maple Grove							
5. Zip code	6. Phone number (area code)	8. Type of government agency							
55369	763-494-6320 7. Fax number (area code)	X CityCountyRegionalState							
	763-494-6419	Other (Please indicate)					Other (Please indicate)		
9. Name of business receiving	z assistance	10. Industry of recipient (SIC code)							
Caliber Devolp.	Corp.	6552/1542							
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, ctc.)	12. Name of TIF district (if applicable)							
TIF		Eagle Lake TIF-Caliber IV							
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/ctc.) was placed in service							
4/5/99	6/28/00	permit 6/23/00	\$311,408.05						

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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 receive number of employees at corresponding benefit lev	each wage level and			<del>er</del> of emplo	project placed in so pyees at each wage l t level.)	
21. Job Creation Full-time Part-time	Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)		ion Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
100	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	15.00	\$8.00 to \$9.99           \$10.00 to \$11.99           108         \$12.00 and higher			17.00+
If necessary, please attac	h additional docume	ntation.	If necessary, j	please attac	h additional docume	mation.

#### 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 complete	
Due 3/1/2003 Bldg not completed	6/5/01	
27. Have all wage and job goals been achieved? Yes do	not submit future forms for this project.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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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FINANCE/15 £



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## EXHIBIT A (Estimated Job Creation)

Eagle Lake Business Centre IV Maple Grove, Minnesota

As of Maret 1 2000

Job Classification	Salary Range	Number of Jobs
Office – Administration	Less than \$30,000	25
Office – Management	\$30,000 - \$40,000	23
Office Executive	Greater than \$40,000	20
Warehouse – Production	Less than \$30,000	26
Warehouse	Greater than \$30,000	7
•	Total Number of Jobs	100

. . . . .

1999 Minn	esota Business			
Please complete lines 1 through	N		Economic B 2001 Development	
1. Funding government agency	name	2. Contact name		
City of Maple (	Grove	Fred Christian	sen	
3. Agency street address		4. City	- <u> </u>	
12800 Arbor Lal	12800 Arbor Lakes Pkwy			
5. Zip code	6. Phone number (area code)	8. Type of government agency	γ	
55369	763-494-6320 7. Fax number (area code)	X City County	_RegionalState	
	763-494~6419	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Càliber Dev. Co	orp.	6552/1542		
11. Type of assistance (e.g. loar	1, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		Eagle Lake TIF	-Caliber II	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
8/17/98	10/19/98	placed in service 12/31/98 est	\$154,952.32	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance					
19. Actual job	os created si	ince business receive	ed assistance		erage hourly received ass	y wage paid to emplo istance	oyees hired since
	ployees at a	ng assistance: (Pleas each wage level and wel.)			ber of emplo	e project placed in sc byces at each wage lo t level.)	
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		ion Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7,00 to \$7.99 \$8.00 to \$9.99				less than <b>\$7.00</b> \$7.00 to <b>\$7.99</b> <b>\$</b> 8.00 to <b>\$9</b> ,99	
80 If necessary, p	blease attac	\$10.00 to \$11.99 \$12.00 and higher h additional docume		125 If necessary, 1	please attaci	\$10.00 to \$11.99 \$12.00 and higher h additional docume	17.00 + ntation.

#### 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
6/1/01	6/5/01
27. Have all wage and job goals been achieved? 12 Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

Callber IL 5

## EXHIBIT A

CE/15

## Estimated Job Creation Eagle Lake Business Centre II Maple Grove, Minnesota

## As of July 15, 1998

Job Classification	Salary Range	Number of Jobs
Office-Administration	Less than \$30,000	20
Office-Management	\$30,000-\$40,000	15
Office-Executive	Greater than \$40,000	15
Warehouse-Production	Less than \$30,000	24
Warehouse	Greater than \$30,000	6
	Total Number of Jobs	·· <b>8</b> 0

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 throug	gh 16 for all agreements.	RECEIVED JUN 8 2001 Developmen			
1. Funding government agency name		2. Contact name			
City of Maple Grove		Fredric Christiansen			
3. Agency street address		4. City			
12800 Arbor La	ikes Pkwy	Maple Grove			
5. Zip code	6. Phone number (area code)	8. Type of government agoncy			
55369	763-494-6320	X City County	Regional State		
	7. Fax number (area code)	City County Regional State			
	763-494-6419	Other (Please indicate)			
9. Name of business receiving	essistance	10. Industry of recipient (SIC code)			
Caliber Develor	. Corp.	6552/1542			
11. Type of assistance (e.g. los	m, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
TIF		Eagle Ridge Ca	liber I		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/ctc.) was	16. Dollar value of business assistance		
10/06/97	11/12/97	placed in service 12/15/98	\$384,460.45		

TO MARLE GROVE - FINANCE/15

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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				
160	160		\$15.00	) + per	hr	
19. Actual jobs created si	nce business receive	ed assistance		erage hourt	y wage paid to canpl istance	oyees hired since
176	•			) + per		
Goals of business receivin number of employees at c corresponding benefit lev	ach wage level and		Actual perform indicate number the correspondent	er of emplo	e project placed in so byees at each wage l t level.)	rvice: (Please evel and indicate
21. Job Creation Full-time Part-time	Hourly Wage Level (cacl benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00				less than \$7.00	
/	\$7.00 to \$7.99			<u> </u>	\$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 attack	additional docume	ntation.	If necessary, p	lease attac	h additional docume	ntation.

#### 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
6/1/01	6/5/01
	not submit future forms for this project. asc submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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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## EXHIBIT A

Estimated Job Creation Eagle Lake Business Centre Maple Grove, Minnesota

As of October 7, 1997

<u>Job Classification</u> Office - Administration Office - Management Office - Executive Warehouse - Production Warehouse

M:218138-1

Salary Range	Number of Jobs
Less than \$30,000	40
\$30,000 - \$40,000	35
Greater than \$40,000	30
Less than \$30,000	43
Greater than \$30,000	12
Total Number of Jobs	160



## 2000 Minnesota Business Assistance Form

فرند استخدار بدار

# RECEIVED JUN 8 2001

The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.

-----

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

### Section 1 Information About Grantor

1. Name of grantor (funding en	tity)	2. Name of person completing	this form		
City of Maple G	rove	Shelly Peterson	<u> </u>		i L
3. Street address 12800 Arbor Lake	ee Pkwy	4. City Maple Grove	5. ZIP code 55369		•
6. County Hennepin	7. Phone number 763-494-6320	8. Fax number 763-494-6419	9. E-mail ac speter	ldress son@c1.map1	e-grove.mn.
10. Please indicate who in your Fredric Christia		2001 MBAF if different from the Same	person in Que	stion 2.	
Name/Title Finance Dire	Phone number	Street address	City	ZIP code	
II. Classification of grantor (M	lark one. If grantor is entity ease indicate affiliation, For	12. Has your organization helo adopted criteria for awardi compliance with Minn. Sta	ng business sul	bsidies in	
City government     County government     Regional government     State government     Other (Please specify.)		<ul> <li>X Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of init</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet a thal hearing	adopted	
through December 31, 1999		sinces subsidy or financial assistant ander Minn. Stat. §116J.993 and § DNo ( <u>Stop here, go to sectio</u> )	116J.9947 (M	ark one.)	
Section 2 Information A	About Recipient				_
14. Name of business or organiz receiving subsidy or financi		15. Address where business su will be used	bsidy or financ	cial assistance	
Northwest Athlet	cic Club	12601 82nd Ave N Street address	<u>Maple Gr</u> City	OVE 55369 ZIP code	
16. Does the recipient have a pa	rent corporation? (Mark onc.)				
Yes (Indicate name and addre	sy of parent corporation below.	If more than one, indicate ultima	te owner.)		
Stanmark_Realty/Clr Name of parent corporation	b_Sports_Intl	1700 Broadway Denve Street address City	r MN 802 State	20	

Department of Trade and Economic Development

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	ne.):	•		Health and
Manufacturing     Retail Trade	Services Wholesale Trade	<ul> <li>Finance, Insura</li> <li>Construction</li> </ul>	ince, Real Estate P Other <i>(please spi</i>	cify) Fitness Co
18. Did the recipient relocate as a result of	signing this agreement	? (Mark one.)		
Yes (Indicate city and state of previous a No (Go to Question 19.)	address and reason reci	pient did not complete	this project at that ad	ldress.)
City/State of previous address Reason pr	oject not completed at p	previous address		······································
<ol> <li>Would the recipient have remained in p financial assistance? (Mark one.)</li> </ol>	previous location or rela	scated elsewhere if not	awarded this business	subsidy or
C Remained at previous location C Relo	cated to different Minn	esota location QR	elocated outside Minn	ic30ta
ection 3 General Information	About the Agree	ment		
20. Total dollar value of business subsidy ( assistance (Please separate by type - se and 25 - and indicate only principal a	e Questions 24	21. Date agreement s date, indicate any	igned (In addition to v dates the agreement	•
750,000		9/30/99		
<ul> <li>whichever is earlier.) 9/15/00</li> <li>23. Does the agreement provide a business be reported? (Mark one.)</li> </ul>	subsidy or one of the fi D business subsidy	our types of financial a	esistance (see Questio	n 25) required to
24. If the agreement provided a business su indicate the type(s).	bsidy, please	25. If the assistance assistance, please	was one of the four ty indicate the type(s).	pes of financial
I not applicable, agreement provided finan	cial assistance	🔾 not applicable, agre	ement provided a bu	siness subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify substidy type.)</li> </ul>		<ul> <li>assistance for prop.</li> <li>assistance for renov.</li> <li>to code, when 50%</li> <li>assistance for pollu.</li> <li>assistance for a TIF</li> </ul>	vating building stock or less of total cost tion control or abatem	or bringing it up nent
26. If the assistance included tax increment indicate the type of TIF district? (Mark of		27. Are any other gra financial assistance	ntors providing a bus to the same project	
I not applicable, assistance was not in the i	form of TIF	C Yes (Specify each gassistance below; a	grantur and the value attach an additional s	
C redevelopment C renewal and renovation Soils condition conomic development mined underground space		OX No Grantor(x) and value of		
hazardous substance subdistrict		Grantor	Value (\$)	
		Grantor	Value (\$)	

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Department of Trade and Economic Development

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Section 4 Goals and 1	Public Pur	pose Identified	l in the Agreement			
28. Minn. Stat. §116J.994 req of the following public purp				its state a public pu	rpose. Which	
□ Enhancing economic diversity       □ Increasing tax base (cannot be only purpose)         □ Creating high-quality job growth       □ Other (please specify) Provide_city with Rec.Faci         □ Job retention       □ Other (please specify) (including_outdoor pool) with         □ Stabilizing the community       □ Other (please specify) (ity paid capital expendite)						cility itures
29. Indicate whether the agree at the time of this report.	ement included (Fill in the bo	the following types xes and attainment d	of goals, and whether the late(s) for each goal.)	recipient had attain	ed those goals	
<ul> <li>A) Specific wage and job goal</li> <li>B) Other job-creation and/or n</li> <li>C) Other wage goals</li> <li>D) Other goals other than wag</li> </ul>	etention goals		cstablished? date Vcs No Ycs No	rget attainment ≲ (month & ycar)	All goals attained? DYes DNo DYes DNo Yes DNo QYes DNo	
(Please attach descriptions of attainment if not documented i			chment			
30. For each of the following						
job creation goals in full-			wided health insurance go: to separate goals by full- a			
job creation goals in full- Honrty Wage	time equivalen Full-time Job	els if you are unable : Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full- Hourty Wage (ercluding benefits)	time equivalen Full-time Job	els if you are unable : Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full-, Hanriy Wage (ercluding benefits) no hourly wage-level goal	time equivalen Full-time Job	els if you are unable : Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full- Honriy Wage (ercluding benefits) no hourly wage-level goal less than \$7.00	time equivalen Full-time Job	els if you are unable : Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full- Hanriy Wage (crcluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	time equivalen Full-time Job	els if you are unable : Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full- Hanriy Wage (excluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	time equivalen Full-time Job	els if you are unable : Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full- Honriy Wage (ercluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	time equivalen Full-time Job	nts if you are unable i Part-time/ Seasonal/Temp.	to separate goals by full- a FTE (only if goals not stated as FT/PT)	ind part-time positi	ons.) Hourly Value of	
job creation goals in full- Honriy Wage (ercluding benefits) 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	time equivalent Full-time Job Creation	its if you are unable i Part-time/ Seasonal/Temp. Job Creation	to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation   ber of sctual jobs created in health insurance for those j	and/or retained since	ons.) Hourly Value of Ilcalth Insurance S S S S S S S S Sc the benefit	
job creation goals in full- Honriy Wage (ercluding benefits) 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 date and the actual hourly	time equivalent Full-time Job Creation	its if you are unable i Part-time/ Seasonal/Temp. Job Creation	to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation   ber of sctual jobs created in health insurance for those j	and/or retained since	ons.) Hourly Value of Ilcalth Insurance S S S S S S S S Sc the benefit	
job creation goals in full- Honry Wage (ercluding benefits) 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 date and the actual hourh full-time equivalents if yo Honry Wage	time equivalent Full-time Job Creation 	its if you are unable i Part-time/ Seasonal/Temp. Job Creation 	to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation 	and/or retained since positions.)	Hourly Value of Hourly Value of Hourly Value of S Hourly Value of Hourly Value of Hourly Value of Hourly Value of	

2000 Minnesota Business Assistance Form

\$9.00 to \$10,99 \$11.00 to \$12.99

\$13.00 to \$14.99

\$15.00 and higher

(Mark one.)

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

🛛 No

🖏 Yes

#### Department of Trade and Economic Development

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Section 5 Recipients I (Do not complete this section		gations nother 2000 MBAF submitted	to DTED.)
	through December 31, 1999, J.993 and §116J.994? (Mark)	, did your organization have any s one.)	recipients who failed to report as
• Yes (Indicate the name of ea recipient. Atlach addition		and the value of subsidy or financ	cial assistance awarded to that
X No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
		achieve any goals or fulfill any ot equired to be fulfilled by the time	
🗅 Yes (Compi	ete the remainder of this secti	on.) 🐴 No (Stop here and su	bmit form to DTED .)
	the time of reporting. (Attack	it failing to fulfill goals or any oth h additional pages if necessary.)	er terms of an agreement that
55. Information on recipient an	iu agreement.		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	· · · · · · · · · · · · · · · · · · ·	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mar.	k all that apply.):		
C recipient ceased operation recipient was unable to fill vi	acant positions	C recipient relocated to a differ	ent community
37. To date, has the recipient fi	ulfilled its repayment obligation	on? (Mark one.)	
UYES DNo, recipient has h	egun to repay the assistance.	O No, recipient has not begur	to repay the assistance.
38. Has the agreement been an	ended to extend the recipient	s deadline for fulfilling its obliga	tions? (Murk one.)
Cl Yes	□ No		
39. Describe the steps being ta	ken to bring recipient into con	npliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·		
	Return your complet	ed MBAF(s) by <i>April 1, 2000</i>	2, to:

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

2000 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

#### Adopted 9/20/99

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#### **Proposed Policy for Business Subsidies**

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

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

Definition Of Business Subsidy: A business subsidy means a state or local government agency grant, contribution of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.

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

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

#### Policy Guidelines:

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

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

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

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

LINANCE/15

1999 Minnesota Business Assistance Form (Plcase return by April 1, 1999) Please complete lines 1 through 16 for all agreements.					
1. Funding government agene	y name	2. Contact name			
City of Maple 3. Agency street address	Grove	Fred Christians	sen		
12800 Arbor Lakes Pkwy		Maple Grove			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55369	763-494-6320 7. Fax number (area code)	_X CityCounty	RegionalState		
	763-494-6419	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Springrose Par	tners	6552/1542			
11. Type of assistance (e.g. los	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		Wedgwood-Bio Se	ensor		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/ctc.) was	16. Dollar value of business		
7/14/97	5/8/97	placed in service 10/15/97	170,336.77		

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For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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 h assistance		level goals for bus	iness receiving	
28.5 Positions				x 16.00		
19. Actual jobs created since business received assistance 72		20. Actual average hourly wage paid to employees hired sin business received assistance			loycos hired since	
				Appro	x 15.32	
number of employees at e	Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		· •	per of emplo	e project placed in s byees at each wage t level.)	• • •
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)			Hourly Wage Level (cxcl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99 \$12.00 and higher				\$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attack	additional docume	ntation.	If necessary, p	please attac	h additional docum	entation.

#### 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
1/1/2001		· · · · · · · · · · · · · · · · · · ·
		not submit future forms for this project.
	]No - plc	ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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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and the second 
February 6, 2001

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

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

Estimated Job Creation

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

As of January 1, 2000

Job Classification	Salary Range	Number of Jobs Planned at 7/14/1997	Number of Jobs Actual at 1/1/2001	
Office-Administration	Less than \$30,000	9	24	9.62
Office- Management	\$30,000-40,000	3	23	14.42
Office- Executive	Greater than \$40,000	14	25	21.63
Warehouse - Production	Less than \$30,000	2.5	0	2
Warehouse	Greater than \$30,000	0	0	
Other				
Total:		28.5	72	

Please contact me should you have any questions.

Sincerely, lere Steve Springrose

Springrose Patiners, LLP

Springrose Partners, LLP 12505 58th Avenue North Plymouth, MN 55442 USA 612-559-4794 voice 612-559-0205 fax 612-532-4232 mobile/page sspringrose @msn.com

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<b>1999 Min</b> i	nesota Business	Assistance For	m 🧿	
	(Please return by April 1	1, 1999)	Trade &	
Please complete lines 1 throu	gh 16 for all agreements.	ÉCÉIVED JUN 8	2001 Development	
1. Funding government agen	cy name	2. Contact name		
City of Maple	Grove	Fredric Christ	1ansen	
3. Agency street address		4. City		
12800 Arbor La	ikes Pkwy	Maple Grove		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55369	763-494-6320 7. Fax number (area codc)	_X_CityCounty	RegionalState	
	763-494-6419	Other (Please indicate)		
9. Name of business receivin	g assistance	10. Industry of recipient (SIC code)		
MBY Co.	_	6552		
11. Type of assistance (c.g. lo	11. Type of assistance (c.g. loan, TTF, grant, infrastructure, etc.)		plicable)	
TIF		Wedgwood-MBY		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in scrvice	assistance	
11/20/95	12/1/95	8/9/96	\$601,613	

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For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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 h assistance	• •	level goals for busi	ness receiving	
5				\$8-10	) per hr	
19. Actual jobs created since business received assistance				wage paid to empl	oyees hired since	
190				eccived assi		
				<u>.88 per</u>		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project 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. Houriy Value of Voluntary			Hourly Wage Level	24. Hourty Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	ruit-tune	Fart-time	(cxcl. benefits)	Benefits (\$)
	less than \$7.00		<u> </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				\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attach	additional documer	ntation.	If necessary, p	olease attacl	additional docume	ntation.

#### 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
1/1/01	
27. Have all wage and job goals been achieved? X Yes - do	not submit future forms for this project.
$\square N_0 - n!e$	ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

K20037020

O MBY

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# EXHIBIT A

## JOB GOALS

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

M1:0073277.01



## 2001 Minnesota Business Assistance Form RECEIVED JUN 7 2001

The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF, and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.

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

Section 1 Information Al	out Grantor				
1. Name of grantor (funding en	nity)	2. Name of person completing this form Janet Heffmann, Clerk			
3. Street address C/C 2850 Oakview CFSE		4. City Rochester	<u>101011</u>		
6. County 7. Phone number $507-388-6234$		8. Fax number 507-288-6834	9. E-mail an	idress	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Que	stion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity lease indicate affiliation. For I check "City government.";	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
City government Courty government Regional government Stare government Other (Please specify.)	issued !	<ul> <li>Yes (Indicate hearing date and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Piease attach explanation.)</li> </ul>			
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u plate the remainder of the form.)		116J.994? (M	tark one.)	
ection 2 Information Al	out Recipient				
<ol> <li>Name of business or organ receiving subsidy or finance</li> </ol>		15. Address where business sul will be used	bsidy or financ	nal assistance	
		Street address City	State	ZIP code	
16. Does the recipient have a p	arent corporation? (Mark one.)				
Yes (Indicate name and addition of the second se	ess of parent corporation below.	If more than one, indicate ultimation	ate owner.)		

2001 Minnesona Business Assistance Form

Name of parent corporation

Page 1 of 4

Street address

Department of Trade and Economic Development

State

City

ZIP code

No agreed was signed in 2000

Ø 002

Do not complete this . 33. During the period Jar	nuary 1, 2000 through Decemb	er 31, 2000, did your organization ha	we any recipients who failed to
report as required by ]	Mmn. Stat §116J.993 and §11	6J.994? (Mark one.)	
Yes (Indicate the name recipient. Attach a	t of each recipient failing to rej additional pages (f necessary.)	port and the value of subsidy or finan	icial assistance awarded to the
⊐N≎			
Name of recipient	Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
		d to achieve any goals or fulfill any c were required to be fulfilled by the tin	
J Yes (Co	omplete the remainder of this s	ection.) Q No (Stop here and sur	bmit form to DTED .)
		tipient failing to fulfill goals or any of tuach additional pages if necessary.)	her terms of an agreement that
5. Information on recipi	ent and agreement:		
iame of recipient in defai		Type of subsidy or assistance	Initial value of subsidy or assistance
treet address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default	(Mark all that upply.)		
recipient ceased operati recipient was unable to		recipient relocated to a difference of the second secon	ent community
	in filfilled in reparment obl	intin 2 Africana )	
7. To date, has the recip	dem fummed ha repayment ool	igatoni (wancone.)	
•	has begun to repay the assistant	$\sim$	n to repay the assistance.
Yes ONo, recipient	has begun to repay the assistant	$\sim$	
Yes ONo, recipient	has begun to repay the assistant	nce. D No, recipiont has not beru	
Yes O No, recipient 8. Has the agreement be	has begun to repay the assistant on amended to extend the recip	nce. DNo, recipiont has not begu	
Yes O No, recipient 8. Has the agreement be	has begun to repay the assistant on amended to extend the recip	nce. DNo, recipiont <u>hes not begu</u> prent's deadline for fulfilling its oblig	
8. Has the agreement be	has begun to repay the assistant on amended to extend the recip	nce. DNo, recipiont <u>hes not begu</u> prent's deadline for fulfilling its oblig	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

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## 2001 Minnesota Business Assistance Form

- RECEIVED JUL 2
- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

# Section 1 Information About Grantor

1. Name of grantor (funding entity) 1-IRA OF CITT OF MELMOS (*		2. Name of person c		orm		
3. Street address if ST. S.		4. City Mcureso	5.	ZIP code	56352	
6. County 7. Phone number STOANN'S 320 256 4600		8. Fax number 9. E-mail address RVR @ Meltel-N				
10. Please indicate who in your	r organization should receive the	2002 MBAF if differer				
Name/Title	Phone number	Street addres	ss C	ìty	ZIP code	
created by gov't agency, pl	11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		zation held a pu for awarding bu Minn. Stat. §1	isiness subsi	dies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>❑ Yes (Indicate heat</li> <li>♀ No</li> <li>❑ We held a public heriteria (Indicate</li> <li>❑ Other (Please atta)</li> </ul>	nearing but have date of initial h	e not yet add	opted	
through December 31, 200	ed any agreements to award a bu 0 that is required to be reported to	under Minn. Stat. §116J	.993 and §116J	.994? (Mar		
	plete the remainder of the form.)	XNo ( <u>Stop here, g</u>	o to section 5 of	n page 4.)		
Section 2 Information Al 14. Name of business or organi receiving subsidy or financ	ization	15. Address where b will be used	usiness subsidy	or financia	assistance	
		Street address	City	State	ZIP code	

16. Does the recipient have a parent corporation? (Mark one.)

□ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) □ No

Name of parent corporation Str	reet address	City	State	ZIP code

2001 Minnesota Business Assistance Form

2001

### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section	on if you completed it o	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1 report as required by Minn.</li> </ol>	, 2000 through December . Stat. §116J.993 and §116J.	31, 2000, did your organization ha 994? <i>(Mark one.)</i>	ave any recipients who failed to
Ses (Indicate the name of eac recipient. Attach addition		rt and the value of subsidy or finar	ncial assistance awarded to that
X No			
Name of recipient T	ype of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
		o achieve any goals or fulfill any o e required to be fulfilled by the tir	
□ Yes (Complete	e the remainder of this sect	tion.) 🛛 🕱 No (Stop here and su	bmit form to DTED .)
	he time of reporting. (Atta	ent failing to fulfill goals or any o ich additional pages if necessary.)	
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	<u> </u>	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark	all that apply.).		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill variable</li> </ul>	cant positions	recipient relocated to a differ other (Specify reason.)	rent community
37. To date, has the recipient fu	lfilled its repayment obliga	ation? (Mark one.)	
Yes INo, recipient has be	egun to repay the assistance	e. DNo, recipient has not begu	un to repay the assistance.
38. Has the agreement been ame	ended to extend the recipie	nt's deadline for fulfilling its oblig	gations? (Mark one.)
		Yes INO	
39. Describe the steps being tak	en to bring recipient into c	compliance or recoup the subsidy:	अत्ते
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development



# 2001 Minnesota Business Assistance Form RECEIVED JUN 2 9 2001

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) Crity of Mendota Heights		2. Name of person completing L.E.SHAUGH		
/		4. City Mendofatterghts 5. ZIP code 55118		2
6. County DAKOTA	7. Phone number 651-452-1850	8. Fax number 651-452-8940	9. E-mail addre	SS
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Questic	on 2.
Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>Classification of grantor (N created by gov't agency, pi example, a city EDA would</li> </ol>	ease indicate affiliation. For	<ol> <li>Has your organization held adopted criteria for awardir compliance with Minn. Sta</li> </ol>	ng business subsid	ies in
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of init</li> <li>Other (Please attach explanation)</li> </ul>	have not yet adop tial hearing	
		siness subsidy or financial assistar nder Minn. Stat. §116J.993 and §		
□ Yes (Comp	lete the remainder of the form.)	🛛 🖾 No (Stop here, go to section	15  on page 4	

### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address wher will be used	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			
	Street address	City	State	ZIP code	
<ul> <li>16. Does the recipient have a parent corporation? (Mark</li> <li>Yes (Indicate name and address of parent corporation</li> <li>No</li> </ul>		ndicate ultimate	e owner.)		
Name of parent corporation	Street address	City	State	ZIP code	

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

- (

Do noi complete this section if you completed if		
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>		ave any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to repo recipient. Attach additional pages if necessary.)	ort and the value of subsidy or fina	ncial assistance awarded to that
×Nº		
Name of recipient Type of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>		
Yes (Complete the remainder of this see	ction.) 🕺 🕺 No (Stop here and su	ubmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (At		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	ce. O No, recipient <u>has not begi</u>	<u>un</u> to repay the assistance.
38. Has the agreement been amended to extend the recipi	ent's deadline for fulfilling its obli	gations? (Mark one.)
(	Yes No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	
2001 Minnesot	ted MBAF(s) by <u>April 1, 2001</u> , a Business Assistance Form	
	Trade and Economic Developme Square, 121 East 7 <sup>th</sup> Place	ent - AEO

St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Mine Strie Division Activiance Form



# 2000 Minnesota Business Assistance Form

# RECEIVED JUN 2 9 2031

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

1. Name of grantor (funding entity)		2. Name of person completing this form		
Gity of Mendota Heights.		L SHAUGHNESSY		
3. Street address		4. City	5. ZIP code	
1101 VIETORIA CUMUE.		Mendota Heights	Mn. 55118	
6. County	7. Phone number	8. Fax number	9. E-mail address	
DAKOTA	651-452-1850	€51-452-£940		
10. Please indicate who in you	r organization should receive the		e person in Question 2.	
<u>K. Barchelder</u>	<i>LSI-452-1852</i>		<u>ve Njer;de 1a HH3 55118</u>	
Name/Title	Phone number		City ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business subsidies in	
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date 4</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of initial)</li> <li>Other (Please attach explanation)</li> </ul>	have not yet adopted tial hearing)	
<ol> <li>Has your organization sign</li></ol>	ed any agreements to award a bus	siness subsidy or financial assista	nce from August 1, 1999	
through December 31, 199	9 that is required to be reported u	nder Minn. Stat. §116J.993 and §	§116J.994? (Mark one.)	

### Section 1 Information About Grantor

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

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	will be used	business subsidy or :		
LEXINGTON BUSINESSTARK IV LLC.	<u>Confretoria Tu</u> Street address	City	a 1775	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. ズ No	If more than one, ind	dicate ultimate owne	r.)	
Name of parent corporation	Street address	City	State	ZIP code

<ul> <li>Manuf</li> <li>Manuf</li> <li>Retail</li> </ul>		Services Wholesale Trade	D Finance, Insura	nce, Real Estate Other (please specify) <u>office</u>
18. Did the recipient relocate	as a result of signin	g this agreement?	(Mark one.)	
□ Yes (Indicate city and state No (Go to Question 19.)	of previous address	s and reason recipi	ent did not complete	this project at that address.)
City/State of previous address	Reason project n	ot completed at pr	evious address	
19. Would the recipient have financial assistance? (Mar		is location or reloc	ated elsewhere if not	awarded this business subsidy or
Remained at previous	location 🗆 Reloc	cated to different N	finnesota location	Relocated outside Minnesota
ection 3 General Inform	nation About t	he Agreement		
20. Total dollar value of busin assistance (Please separate and 25 - and indicate only	e by type - see Ques	stions 24	. Date agreement sig date, indicate any d	ned (In addition to the agreement lates the agreement was amended.)
166.000	5		12-10	-99
22. Benefit date (Indicate the a indicate the date improven whichever is earlier.)	late the recipient w nents were finished 9 - 1 -	, equipment was p	ousiness subsidy or j laced into service, or	financial assistance. For example, the recipient occupied the property,
23. Does the agreement provid be reported? <i>(Mark one.)</i>	e a business subsid	y or one of the fou	r types of financial as	ssistance (see Question 25) required to
	e a business subsid	y or one of the fou	r types of financial as nancial assistance	ssistance (see Question 25) required to
be reported? (Mark one.)	e a business subsid Ørbusine	y or one of the fou ss subsidy	nancial assistance	s one of the four types of financial
be reported? (Mark one.) 24. If the agreement provided a	e a business subsid Æbusine business subsidy, p	y or one of the fou iss subsidy	nancial assistance If the assistance was assistance, please in	s one of the four types of financial
24. If the agreement provided a indicate the type(s).	e a business subsid Abusine business subsidy, p ovided financial ass deferral	y or one of the fou iss subsidy	If the assistance was assistance, please in not applicable, agreen assistance for property assistance for renovat o code, when 50% or assistance for pollutio	s one of the four types of financial dicate the type(s). nent provided a business subsidy y polluted by contaminants ing building stock or bringing it up
<ul> <li>be reported? (Mark one.)</li> <li>4. If the agreement provided a indicate the type(s).</li> <li>a not applicable, agreement provided a grant (i.e., forgivable loan)</li> <li>b tax abatement</li> <li>b TIF or other tax reduction or</li> <li>c guarantee of payment</li> <li>c contribution of property or in</li> <li>c preferential use of governme</li> <li>c land contribution</li> <li>c other (Specify subsidy type.)</li> </ul>	e a business subsid debusine business subsidy, p ovided financial ass deferral frastructure ntal facilities	y or one of the fou iss subsidy	nancial assistance If the assistance was assistance, please in not applicable, agreen assistance for property assistance for renovat o code, when 50% or assistance for pollutio assistance for a TIF so	s one of the four types of financial dicate the type(s). nent provided a business subsidy y polluted by contaminants ing building stock or bringing it up less of total cost n control or abatement
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>2 not applicable, agreement provided a grant (i.e., forgivable loan)</li> <li>2 grant (i.e., forgivable loan)</li> <li>2 tax abatement</li> <li>2 TIF or other tax reduction or</li> <li>3 guarantee of payment</li> <li>3 contribution of property or in</li> <li>3 preferential use of governme</li> <li>4 land contribution</li> <li>5 other (Specify subsidy type.)</li> <li>6. If the assistance included ta indicate the type of TIF dis</li> <li>3 not applicable, assistance was</li> </ul>	e a business subsid debusine business subsidy, p ovided financial ass deferral afrastructure ntal facilities ax increment financ trict? (Mark one.)	y or one of the fouress subsidy [1] fit oblease 25. distance [1] r ing, please 27. TIF [1] N	nancial assistance If the assistance was assistance, please in not applicable, agreen assistance for property assistance for renovat o code, when 50% or assistance for pollutio assistance for a TIF so Are any other grante financial assistance Yes (Specify each gra	s one of the four types of financial dicate the type(s). ment provided a business subsidy y polluted by contaminants ing building stock or bringing it up less of total cost in control or abatement bils condition district
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>25. Inot applicable, agreement provided a grant (i.e., forgivable loan)</li> <li>26. If the assistance included ta indicate the type of TIF dis</li> <li>27. If the assistance was reduction applicable, assistance was redevelopment</li> </ul>	e a business subsid debusine business subsidy, p ovided financial ass deferral afrastructure ntal facilities ax increment financ trict? (Mark one.)	y or one of the fouress subsidy [1] friends for first subsidy [2] friends for the foures of the four	If the assistance was assistance, please in not applicable, agreen assistance for property assistance for renovat o code, when 50% or assistance for pollutio assistance for a TIF so Are any other grante financial assistance (ses (Specify each gra assistance below; atta-	s one of the four types of financial dicate the type(s). ment provided a business subsidy y polluted by contaminants ing building stock or bringing it up less of total cost in control or abatement bils condition district ors providing a business subsidy or to the same project? (Mark one.) intor and the value of their ach an additional sheet if necessary.)
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>2 not applicable, agreement provided a grant (i.e., forgivable loan)</li> <li>2 grant (i.e., forgivable loan)</li> <li>2 tax abatement</li> <li>2 TIF or other tax reduction or</li> <li>2 guarantee of payment</li> <li>2 contribution of property or in</li> <li>3 preferential use of governme</li> <li>4 land contribution</li> <li>3 other (Specify subsidy type.)</li> <li>6. If the assistance included ta indicate the type of TIF dis</li> <li>4 not applicable, assistance was</li> <li>4 redevelopment</li> <li>4 renewal and renovation</li> <li>4 soils condition</li> <li>4 economic development</li> <li>4 mined underground space</li> </ul>	e a business subsid business subsidy, p business subsidy, p ovided financial ass deferral afrastructure ntal facilities ax increment financ trict? (Mark one.) s not in the form of	y or one of the fouress subsidy [1] friends for first subsidy [2] friends for the foures of the four	If the assistance was assistance, please in not applicable, agreen assistance for property assistance for renovat o code, when 50% or assistance for pollutio assistance for a TIF so Are any other grante financial assistance (ses (Specify each grante assistance below; atta	s one of the four types of financial dicate the type(s). ment provided a business subsidy y polluted by contaminants ing building stock or bringing it up less of total cost in control or abatement bils condition district ors providing a business subsidy or to the same project? (Mark one.) intor and the value of their ach an additional sheet if necessary.)
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a indicate the type(s).</li> <li>anot applicable, agreement provided a grant (i.e., forgivable loan)</li> <li>anot abatement</li> <li>TIF or other tax reduction or guarantee of payment</li> <li>contribution of property or in preferential use of governme</li> <li>and contribution</li> <li>at the contribution</li> <li>be the contribution</li> <li>contribution of property or in the preferential use of governme</li> <li>and contribution</li> <li>be the contribution</li> <li>contribution</li> <li>co</li></ul>	e a business subsid business subsidy, p business subsidy, p ovided financial ass deferral afrastructure ntal facilities ax increment financ trict? (Mark one.) s not in the form of	y or one of the fouress subsidy [1] friends for the foures of the foure of the	If the assistance was assistance, please in not applicable, agreen assistance for property assistance for renovat o code, when 50% or assistance for pollutio assistance for a TIF so Are any other grante financial assistance (ses (Specify each gra assistance below; atta-	s one of the four types of financial dicate the type(s). ment provided a business subsidy y polluted by contaminants ing building stock or bringing it up less of total cost in control or abatement bils condition district ors providing a business subsidy or to the same project? (Mark one.) intor and the value of their ach an additional sheet if necessary.)

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28. Minn. Stat. §116J.994 of the following public	e purposes were	stated in the agreem	ent? (Mark all that apply.)		
<ul> <li>Enhancing economic div</li> <li>Creating high-quality joi</li> <li>Job retention</li> <li>Stabilizing the communi</li> </ul>	b growth		<ul> <li>Increasing tax base (c</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>		• · ·
29. Indicate whether the ag at the time of this repo				e recipient had att	ained those goals
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than v</li> <li>(Please attach descriptions)</li> </ul>	or retention goa vage and job go	ls als	established? date	get attainment s (month & year)	All goals attained? Yes No Yes No Yes No Yes No
attainment if not document					
<ol> <li>For each of the following agreement and the average job creation goals in fit</li> </ol>	rage hourly valu	le of any employer-p	creation and/or retention g rovided health insurance g to separate goals by full-	oals for those job	s. <u>(Only</u> indicate
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<del></del> .				\$
less than \$7.00	<u> </u>		<u></u>		\$
\$7.00 to \$8.99	10				\$
\$9.00 to \$10.99	10				٢٢
\$11.00 to \$12.99	10				\$
\$13.00 to \$14.99	10	·			5
\$15.00 and higher		<u> </u>		· 	\$
1. For each of the follow date and the actual ho full-time equivalents if	urly value of ar <i>you are unable</i>	iy employer-provideo e to separate job crea	thealth insurance for those tion into full- and part-time	e jobs. <u>(Onlv</u> indi	since the benefit cate job creation in
Hourly Wage	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
(excluding benefits)					s
(excluding benefits) less than \$7.00					
					s
less than \$7.00					s s
less than \$7.00 \$7.00 to \$8.99					
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99					

Section 5	Recipients	Failing to	Fulfill	Obligations

		d it on another 2000 MBAF sul	
	st I through December 31 §116J.993 and §116J.994	, 1999, did your organization have an ? <i>(Mark one.)</i>	y recipients who failed to report as
	feach recipient failing to r ditional pages if necessary	report and the value of subsidy or fina v.)	incial assistance awarded to that
X No			
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
		iled to achieve any goals or fulfill any were required to be fulfilled by the tir	
□ Yes (Comp	lete the remainder of this	section.) 🛛 🗖 No (Stop here and su	bmit form to DTED .)
35 39. Provide the followi were to be attained	ing information for each roby the time of reporting.	ecipient failing to fulfill goals or any ( (Attach additional pages if necessary)	other terms of an agreement that
35. Information on recipient	and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (M	ark all that apply.):	·	
recipient ceased operation recipient was unable to fill	vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipien	t fulfilled its repayment ol	bligation? (Mark one.)	
□ Yes □ No, recipient <u>ha</u>	s begun to repay the assist	ance. 🗆 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been	amended to extend the rec	cipient's deadline for fulfilling its obli	gations? (Mark one.)
		🗆 Yes 🗆 No	
39. Describe the steps being	taken to bring recipient in	nto compliance or recoup the subsidy:	

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

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

Or fax to: (651) 215-3841

) + 1 11-10-1/1

Ed Hunter -96-0550



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

Section 1 Information About Grantor

1. Name of grantor (funding entity) ~ity 6t Mendeta Heights		2. Name of person completing this form L.Shaughnessy		
3. Street address 1101 VICTORIA CURVE		4. City Mendota Heights	5. ZIP code 55118	
6. County Dakota	7. Phone number 651-452-1850	8. Fax number 651-452-8946	9. E-mail address	
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. K. BATCHENER 651-452-1850 [10] VICTORIA CUIVE MHTS 55118				
Name/Title	Phone number	Street address	City	ZIP code
<ol> <li>Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> </ol>		<ul> <li>12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> <li>X Yes (Indicate hearing date - 10/5 and attach criteria)</li> </ul>		
City government		$\square$ No		
Regional government		U We held a public hearing but have not yet adopted		
□ State government		criteria (Indicate date of initial hearing)		
Other (Please specify.)		□ Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busin will be used			
Fernis Incentives	Vorthland Duiver Street address	Mendota;	Heights	55120
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation below. ☆No.	If more than one, indicate	e ultimate owner	.)	
Name of parent corporation	Street address (	City	State Z	IP code

	Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipier	nt relocate as a result of	signing this agreement	? (Mark one.)
□ Yes (Indicate city ጃNo (Go to Questi	v and state of previous o ion 19.)	address and reason rec	ipient did not complete this project at that address.)
		= + wanted +	o can office
City/State of previou	us address Reason pr	oject not completed at	is can office previous address
	pient have remained in p ince? (Mark one.)	previous location or rel	ocated elsewhere if not awarded this business subsidy or
C Remained a	at previous location 2	Relocated to differen	t Minnesota location 🛛 🖄 Relocated outside Minnesota
ection 3 Gener:	al Information Ab	out the Agreemer	ıt
20. Total dollar valu assistance (Plea	ue of business subsidy of see separate by type - see dicate only principal a	or financial re Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
	\$ 79.500	{	12-20-99
	te improvements were fi		he business subsidy or financial assistance. For example, placed into service, or the recipient occupied the property,
23. Does the agreen	6 – 1 - nent provide a business	subsidy or one of the f	our types of financial assistance (see Question 25) required to
	6 – 1 – nent provide a business fark one.)	subsidy or one of the f	our types of financial assistance (see Question 25) required to financial assistance
23. Does the agreen be reported? (M	6 - 1 - nent provide a business fark one.)	subsidy or one of the for business subsidy	
<ul><li>23. Does the agreem be reported? (M</li><li>24. If the agreement indicate the type</li></ul>	6 - 1 - nent provide a business fark one.)	subsidy or one of the for business subsidy bsidy, please 2	25. If the assistance was one of the four types of financial
<ul> <li>23. Does the agreem be reported? (M</li> <li>24. If the agreement indicate the types</li> <li>and applicable, agr</li> <li>loan</li> <li>grant (i.e., forgiva</li> <li>tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paym</li> <li>contribution of pro-</li> </ul>	Left - 1- ment provide a business fark one.) provided a business sub- (s). reement provided finant able loan) eduction or deferral ment operty or infrastructure governmental facilities	subsidy or one of the for business subsidy bsidy, please 2 cial assistance C	<ul> <li>1 financial assistance</li> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ul>
<ul> <li>23. Does the agreem be reported? (M</li> <li>24. If the agreement indicate the types</li> <li>and applicable, agr</li> <li>loan</li> <li>grant (i.e., forgiva</li> <li>tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paym</li> <li>contribution of production of production of production of the second statement</li> <li>and contribution</li> <li>other (Specify substance)</li> </ul>	Left - 1- ment provide a business fark one.) provided a business sub- (s). reement provided finant able loan) eduction or deferral ment operty or infrastructure governmental facilities	subsidy or one of the febusiness subsidy business subsidy bosidy, please 2 cial assistance 0 financing, please 2	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>2 not applicable, agreement provided a business subsidy</li> <li>2 assistance for property polluted by contaminants</li> <li>2 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>2 assistance for pollution control or abatement</li> </ul>
<ul> <li>23. Does the agreem be reported? (M</li> <li>24. If the agreement indicate the types</li> <li>and applicable, agr</li> <li>loan</li> <li>grant (i.e., forgiva</li> <li>tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paym</li> <li>contribution of proferential use of</li> <li>land contribution</li> <li>other (Specify subs)</li> <li>26. If the assistance indicate the type</li> <li>not applicable, assistance</li> <li>indicate the type</li> </ul>	6 - 1 -         nent provide a business         fark one.)         provided a business sult         (s).         reement provided finant         able loan)         eduction or deferral         nent         operty or infrastructure         governmental facilities         sidy type.)         included tax increment	subsidy or one of the febusiness subsidy business subsidy bosidy, please 2 cial assistance 0 financing, please 2 one.) 2	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>2 not applicable, agreement provided a business subsidy</li> <li>2 assistance for property polluted by contaminants</li> <li>2 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>2 assistance for pollution control or abatement</li> <li>2 assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or</li> </ul>
<ul> <li>23. Does the agreem be reported? (M</li> <li>24. If the agreement indicate the types</li> <li>and applicable, agr</li> <li>loan</li> <li>grant (i.e., forgiva</li> <li>tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paym</li> <li>contribution of prodimer (Specify substrate)</li> <li>26. If the assistance indicate the types</li> <li>and applicable, ass</li> <li>redevelopment</li> <li>renewal and renov</li> </ul>	Let - 1 - 1         ment provide a business         fark one.)         Provided a business sult         provided a business sult         (s).         reement provided finant         able loan)         eduction or deferral         porty or infrastructure         governmental facilities         sidy type.)         included tax increment         of TIF district? (Mark         sistance was not in the finance	subsidy or one of the fe business subsidy bosidy, please 2 cial assistance financing, please 2 one.) form of TIF	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>2 not applicable, agreement provided a business subsidy</li> <li>2 assistance for property polluted by contaminants</li> <li>2 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>2 assistance for pollution control or abatement</li> <li>2 assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>2 Yes (Specify each grantor and the value of their</li> </ul>
<ul> <li>23. Does the agreem be reported? (M</li> <li>24. If the agreement indicate the types</li> <li>not applicable, agr</li> <li>loan</li> <li>grant (i.e., forgiva</li> <li>tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paym</li> <li>contribution of proferential use of</li> <li>land contribution</li> <li>other (Specify subs</li> <li>26. If the assistance indicate the types</li> <li>not applicable, ass</li> <li>redevelopment</li> <li>renewal and renov</li> <li>soils condition</li> <li>economic develop</li> <li>mined undergroun</li> </ul>	6 - 1 -         nent provide a business         fark one.)         provided a business sult         (s).         reement provided finant         able loan)         eduction or deferral         bent         operty or infrastructure         governmental facilities         sidy type.)         included tax increment         of TIF district? (Mark         sistance was not in the formation         ment         dispace	subsidy or one of the fe business subsidy bosidy, please 2 cial assistance financing, please one.) orm of TIF 2	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>2 not applicable, agreement provided a business subsidy</li> <li>2 assistance for property polluted by contaminants</li> <li>2 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>2 assistance for pollution control or abatement</li> <li>2 assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>2 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> </ul>
<ul> <li>23. Does the agreem be reported? (M</li> <li>24. If the agreement indicate the types</li> <li>and applicable, agr</li> <li>loan</li> <li>grant (i.e., forgiva</li> <li>tax abatement</li> <li>TIF or other tax re</li> <li>guarantee of paymer contribution of proferential use of</li> <li>land contribution</li> <li>other (Specify substance indicate the types)</li> </ul>	6 - 1 -         nent provide a business         fark one.)         provided a business sult         (s).         reement provided finant         able loan)         eduction or deferral         bent         operty or infrastructure         governmental facilities         sidy type.)         included tax increment         of TIF district? (Mark         sistance was not in the formation         ment         dispace	subsidy or one of the fe business subsidy bosidy, please 2 cial assistance financing, please one.) orm of TIF	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>2 not applicable, agreement provided a business subsidy</li> <li>2 assistance for property polluted by contaminants</li> <li>2 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>2 assistance for pollution control or abatement</li> <li>2 assistance for a TIF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>2 Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> </ul>

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<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>	requires that bu purposes were	siness subsidy and fin stated in the agreeme	nancial assistance agreement? (Mark all that apply.)	ents state a public p	ourpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality joi</li> <li>Job retention</li> <li>Stabilizing the communi</li> </ul>	ersity b growth		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this repo	greement include rt. (Fill in the b	ed the following type oxes and attainment	es of goals, and whether the date(s) for each goal.)	e recipient had atta	ined those goals
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than v</li> </ul>	or retention goal	s als	established? date:	get attainment 5 (month & year)	All goals attained? Yes No Yes No Yes No Yes No
(Please attach descriptions attainment if not document	of goals and pr ed in Question 3	ogress toward 0.)			
30. For each of the following agreement and the average of the second se	rage hourly valu ull-time equivale	e of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full-	als for those jobs.	( <u>Onlv</u> indicate tions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00	<u> </u>		·	·	\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99				·	s
\$11.00 to \$12.99	2				s
\$13.00 to \$14.99	_4	2			s
	2				\$
\$15.00 and higher					
1. For each of the follow date and the actual ho full-time equivalents ij	ing wage catego urly value of an <i>Syou are unable</i> Full-time	y employer-provided to separate job creat Part-time/	health insurance for those tion into full- and part-tim FTE (only if unable to	e jobs. ( <u>Onlv</u> indic ee positions.)	ate job creation in
1. For each of the follow date and the actual ho	ing wage catego urly value of an <i>Syou are unable</i>	y employer-provided to separate job creat	health insurance for those tion into full- and part-tim	jobs. <u>(Onlv</u> indic	ate job creation in Hourly Value of
<ol> <li>For each of the follow date and the actual ho full-time equivalents in Hourly Wage</li> </ol>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	e jobs. <i>(Only</i> indic ee positions.) Job	ate job creation in Hourly Value of
<ol> <li>For each of the follow date and the actual ho full-time equivalents in Hourly Wage (excluding benefits)</li> </ol>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	e jobs. <i>(Only</i> indic ee positions.) Job	ate job creation in Hourly Value of Health Insurance
<ol> <li>For each of the follow date and the actual ho full-time equivalents in Hourly Wage (excluding benefits) less than \$7.00</li> </ol>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	e jobs. <i>(Only</i> indic ee positions.) Job	ate job creation in Hourly Value of Health Insurance S
<ol> <li>For each of the follow date and the actual ho full-time equivalents in Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99</li> </ol>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	e jobs. <i>(Only</i> indic ee positions.) Job	ate job creation in Hourly Value of Health Insurance S S
<ul> <li>For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00</li> <li>\$7.00 to \$8.99</li> <li>\$9.00 to \$10.99</li> </ul>	ing wage catego urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	e jobs. <i>(Only</i> indic ee positions.) Job	ate job creation in Hourly Value of Health Insurance S S S

2000 Minnesota Business Assistance Form

## Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed i	it on another 2000 MBAF sub	omitted to DTED.)
33. During the period August 1 through December 31, 1 required by Minn. Stat. §116J.993 and §116J.994?		y recipients who failed to report as
Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)		ncial assistance awarded to that
Ø_N₀		
Name of recipient Type of subsidy or assistant	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after August 1, 1999, that we</li> </ol>		
Yes (Complete the remainder of this see	ction.) 🛛 🎘 No (Stop here and sul	bmit form to DTED .)
<ul><li>35 39. Provide the following information for each reci were to be attained by the time of reporting. (A</li></ul>	pient failing to fulfill goals or any c ttach additional pages if necessary.	other terms of an agreement that )
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assistant	ce. 🛛 No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been amended to extend the recipi	ient's deadline for fulfilling its oblig	gations? (Mark one.)
C	🗆 Yes 🗖 No	
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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

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

Or fax to: (651) 215-3841

A L Arlanta



# 2000 Minnesota Business Assistance Form

# RECEIVED JUN 2 9 2001

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

### Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Mendota Herepits		2. Name of person completing this form L. Sit AuGund 1655 sy		
3. Street address 1101 Victoria Cuive		4. City Mendota Hts_	5. ZIP code 55118	
6. County DAkata.	7. Phone number 651-452-1850	8. Fax number 651-452 8940	9. E-mail add	ress
	r organization should receive the $651-\sqrt{521850}$ Phone number		e person in Ques <u> we M 144 57</u> City	stion 2. S <i>Sいる</i> ZIP code
<ol> <li>Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> </ol>		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date Ic-Gigand attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
<ul> <li>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.)</li> </ul>				

**2** Yes (Complete the remainder of the form.)  $\Box$  No (Stop here. go to section 5 on page 4.)

### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>		
MAY flower Distributing 60-		Merideta H	Hs 55120
	Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
□ Yes (Indicate name and address of parent corporation below. ≌No	If more than one, indi	cate ultimate owner.)	)
Name of parent corporation	Street address	City	State ZIP code
17. Industry of recipient's facility (Mark one.):			
---	--		
□ Manufacturing □ Services □ Retail Trade Ø Wholesale Trad	□ Finance, Insurance, Real Estate de □ Construction □ Other ( <i>please specify</i> )		
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)		
$\bowtie$ Yes (Indicate city and state of previous address and reason $r$ $\square$ No (Go to Question 19.)	·		
Eugan Mn. needed more City/State of previous address Reason project not completed	Reom		
City/State of previous address Reason project not completed	at previous address		
<ol> <li>Would the recipient have remained in previous location or r financial assistance? (Mark one.)</li> </ol>			
C Remained at previous location Relocated to differ	ent Minnesota location Ø Relocated outside Minnesota		
a second s	ent		
<ul> <li>Section 3 General Information About the Agreem</li> <li>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.)</li> </ul>	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)		
145.000	12-10-99		
whichever is earlier.) 9 - 1 - 20 c	e four types of financial assistance (see Question 25) required to		
<ol> <li>If the agreement provided a business subsidy, please indicate the type(s).</li> </ol>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).		
not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy		
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>		
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> </ul>			
other (Specify subsidy type.)			
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)		
$\Box$ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
☑ redevelopment □ renewal and renovation □ soils condition	SIN0		
<ul> <li>conomic development</li> <li>mined underground space</li> <li>hazardous substance subdistrict</li> </ul>	Grantor(s) and value of the agreement(s):		
	Grantor Value (S)		
	Grantor Value (S)		

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A) Specific wage and job goals to be attained within 2 years       established?       dates (month & year)       attained         B) Other job-creation and/or retention goals       Pyes       No       Pyes       No         B) Other wage goals       Pyes       No       Pyes       No         B) Other goals other than wage and job goals       Pyes       No       Pyes       No         B) Other goals other than wage and job goals       Pyes       No       Pyes       No         B) Other goals other than wage and job goals       Pyes       No       Pyes       No         B) Other goals other than wage and job goals       Intervention and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indition job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)       Hourly Vage         Hourly Wage       Job       Seasonal/Temp.       Stated as FT/PT)       Job       Hourly Vage         (excluding benefits)       Creation       Job       Seasonal/Temp.       Sasson	<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	requires that be purposes were	usiness subsidy and fire stated in the agreem	inancial assistance agre ent? <i>(Mark all that ap</i>	ements state a public ply.)	purpose. Which
□ Job retention       □ Other (please specify)         □ Stabilizing the community       □ Other (please specify)         92. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those g 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       □ Yes □ No         a) Other geage goals       □ Yes □ No         □ Other geage statch descriptions of goals and progress toward       □ Yes □ No         100. For each of the following wage categories, indicate the job creation and/or retention goals is full-time equivalents if you are unable to separate goals by full- and part-time positions.)         ■ Hourly Wage       Full-time       Part-time/         (excluding benefits)       Creation       Job Creation         No to 12.99       16       3         \$13.00 to \$14.99       19       3         11. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the bene date and the average hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation since as FUPT)         Job Creation       Sasonal/Temp.       FL (only indicate job creation since as FUPT)	Creating high-quality job	ersity growth		Other (please spe	cify)	
29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those g at the time of this report. (Fill in the boxes and attainment date(s) for each goal).       Specific wage and job goals to be attained within 2 years       Coals       Target attainment       All goals         30 Other job-creation and/or retention goals       Yes       No       Yes       Yes </td <td colspan="2"></td> <td>Other (please spe</td> <td>cify)</td> <td></td>			Other (please spe	cify)		
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         A) Specific wage and job goals to be attained within 2 years       Yes       No       Yes       No         B) Other types goals       Yes       No       Yes       No       Yes       Yes       No         C) Other wage goals       Yes       No       Yes       No       Yes       Yes <td>J Stabilizing the communit</td> <td>ý</td> <td></td> <td>Other (please spe</td> <td>cify)</td> <td></td>	J Stabilizing the communit	ý		Other (please spe	cify)	
established?       dates (month & year)       attained         attained       Yes       No       Yes       Yes         Other job-creation and/or retention goals       Yes       No       Yes       Yes         Other wage goals       Yes       No       Yes       Yes       Yes         Other wage goals       Yes       No       Yes       Yes       Yes         Other job-creation and/or retention goals       Yes       No       Yes       Yes         Other job-creation and/or retention goals       Yes       No       Yes       Yes         Other job-creation and/or retention goals and progress toward       tituitament if not documented in Question 30.)       Yes       No       Yes       Yes         Other job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)       Hourly Vage       Job Creation       Settention       Hourly Vage         (excluding benefits)       Creation       Job Creation       Stated as FT/PT)       Job       Hourly Vage         states and hourly wage-level goal	9. Indicate whether the agat the time of this repor	reement incluc t. <i>(Fill in the c</i>	led the following type boxes and attainment	es of goals, and whethe date(s) for each goal.)	r the recipient had atta	ained those goals
3) Specific wage and job goals to be attained within 2 years       Yes       No       Yes       Yes         3) Other job-creation and/or retention goals       Yes       No       Yes       Yes         3) Other goals other than wage and job goals       Yes       No       Yes       Yes         3) Other goals other than wage and job goals       Yes       No       Yes       Yes         3) Other goals other than wage and job goals       Yes       No       Yes       Yes         3) Other goals other than wage and job goals       Yes       No       Yes       Yes         3) Other goals other than wage and job goals       Yes       No       Yes       Yes         4) Other goals other than wage and job goals       Yes       No       Yes       Yes         9) Other goals other than wage and job goals       Yes       No       Yes       Yes         9) Other goals other than wage and job goals       Yes       No       Yes       Yes         9) Other goals other than wage and job goals       Yes       Yes       No       Yes       No         4; cstuding benefits)       Full-time       Part-time/       FTE (only if goals not stated as FT/PT)       Job       Hourly Vage       Site other than state other than state otheret than state otheret than state other than tha state						All goals
0) Other job-creation and/or retention goals       9 Yes       No       9 Yes       No         0) Other goals other than wage and job goals       9 Yes       No       9 Yes       No         Please attach descriptions of goals and progress toward trainment if not documented in Question 30.       9 Yes       No       9 Yes       No         0. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indit job creation goals in full-time equivalents if you are unable to separate goals not stated as FUPT)       Job       Hourly Vage (excluding benefits)       Creation       Full-time       Part-time/       FTE (only if goals not stated as FUPT)       Job       Hourly Vage (excluding benefits)       Creation       Retention       Health Insurance goals and progress (on the stated as FUPT)       Job       Hourly Vage (excluding benefits)       S <td< td=""><td></td><td>-1-4-6-5</td><td>and within 2 warms</td><td></td><td>lates (month &amp; year)</td><td>attained?</td></td<>		-1-4-6-5	and within 2 warms		lates (month & year)	attained?
Other wage goals       9 Yes       No       9 Yes						
Other goals other than wage and job goals       If Yes In No       If Yes In No       If Yes In No         Please attach descriptions of goals and progress toward tainment if not documented in Question 30.)       If Yes In No       If Yes In Y		retention goa	115			
Please attach descriptions of goals and progress toward tainment if not documented in Question 30.)         0. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indi job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)         Hourly Wage (excluding benefits)       Full-time Job Creation       Part-time/ SeasonalTemp.       FTE (only if goals not stated as FT/PT)       Job Hourly Va (excluding benefits)         100 to \$10.99       19		age and job go	als			$\Box$ Yes $\Box$ No
itiainment if not documented in Question 30.)         0. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicide the postions.)         Weight in the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicide the postions.)         Hourly Wage         Full-time Part-time/ Stated as FI/FT)         Job Creation         Job Creation         Job Creation         Job Creation         Note Stated as FI/FT)         Job Creation         Job Creation         Job Creation         Job Creation         Stated as FI/FT)         Job Hourly Vage         (excluding benefits)         CO         Job Creation         Stated as FI/FT)         Job Hourly Vage         Issue as TI/FT)         Job Creation         Stated as FI/FT)         Job Creation         Stated as TI/FT)         Job State as TI/FT)						
agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicide to separate goals by full- and part-time positions.)  Full-time equivalents if you are unable to separate goals by full- and part-time positions.)  Full-time Part-time/ FTE (anly if goals not Stated as FT/PT) Job Hourly Vage (excluding benefits) Job Creation Job Creation Job Creation Retention Health Insurance goals to \$10.99 IQ	Please attach descriptions of ttainment if not documente	of goals and p d in Question	rogress toward 30.)			
Hourly Wage (excluding benefits)       Job       Seasonal/Temp. Job Creation       stated as FT/PT) Job Creation       Job       Hourly Va Retention         no hourly wage-level goal	agreement and the avera	age hourly valu Il-time equival	ue of any employer-p ents if you are unable	rovided health insurance to separate goals by f	e goals for those jobs ull- and part-time post	. ( <u>Onlv</u> indicate itions.)
less than \$7.00		Job	Seasonal/Temp.	stated as FT/PT)	Job	Hourly Value o Health Insuranc
57.00 to \$8.99       20       10       s	no hourly wage-level goal			<u> </u>		s
\$9.00 to \$10.99       19	less than \$7.00					s
\$11.00 to \$12.99       15	\$7.00 to \$8.99	20	10			s
\$13.00 to \$14.99	\$9.00 to \$10.99	19				s
\$15.00 and higher       \$	\$11.00 to \$12.99	15		<del></del>	<u> </u>	s
1. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the bener date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job create full-time equivalents if you are unable to separate job creation into full- and part-time positions.)         Full-time equivalents if you are unable to separate job creation into full- and part-time positions.)         Hourly Wage       Job         Seasonal/Temp.       FTE (only if unable to separate FT/PT)         Job       Seasonal/Temp.         less than \$7.00	\$13.00 to \$14.99			<u></u>		s
date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation full-time equivalents if you are unable to separate job creation into full- and part-time positions.)       Full-time equivalents if you are unable to separate job creation into full- and part-time positions.)         Full-time       Part-time/       FTE (only if unable to separate FT/PT)       Job       Hourly Vage (excluding benefits)       Job       Seasonal/Temp.       Separate FT/PT)       Job       Hourly Vage (excluding benefits)         less than \$7.00	\$15.00 and higher					s
Hourly Wage (excluding benefits)Job CreationSeasonal/Temp. Job Creationseparate FT/PT) Job CreationJob RetentionHourly Va Health Instless than \$7.00	date and the actual hou	rly value of ar you are unable	ny employer-provided e to separate job crea.	l health insurance for th tion into full- and part-	nose jobs. <u>(Onlv</u> indic time positions.)	
(excluding benefits)       Creation       Job Creation       Job Creation       Retention       Health Instruction         less than \$7.00	Houriv Wage					Hourly Value o
less than \$7.00			•			Health Insurance
\$9.00 to \$10.99				<del></del>		s
\$11.00 to \$12.99 \$	\$7.00 to \$8.99					s
\$13.00 to \$14.99 \$	\$9.00 to \$10.99					S
	\$11.00 to \$12.99					s
	\$13.00 to \$14.99					s
	\$15.00 and higher					s

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# Section 5 Recipients Failing to Fulfill Obligations

l it on another 2000 MBAF su	ibmitted to DIED.)
1999, did your organization have a (Mark one.)	ny recipients who failed to report as
eport and the value of subsidy or fin )	ancial assistance awarded to that
cance (See Questions 24 and 25.)	Value of subsidy or assistance
ed to achieve any goals or fulfill any were required to be fulfilled by the ti section.) ANO (Stop here and st	ime of this report? (Mark one.)
cipient failing to fulfill goals or any	other terms of an agreement that
Allach additional pages if necessary	y.)
Type of subsidy or assistance	Initial value of subsidy or assistance
City/ZIP code of recipient	Outstanding value of subsidy or assistance
<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	
ligation? (Mark one.)	
nce. 🗆 No, recipient <u>has not bes</u>	gun to repay the assistance.
pient's deadline for fulfilling its obl	igations? (Mark one.)
🗆 Yes 🗆 No	
o compliance or recoup the subsidy	:
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	·····
	1999, did your organization have a (Mark one.) port and the value of subsidy or fin (mance (See Questions 24 and 25.) ed to achieve any goals or fulfill any were required to be fulfilled by the transvere required to be fulfilled by the transvere required to be fulfill goals or any (ipient failing to fulfill goals or any Attach additional pages if necessar; Type of subsidy or assistance City/ZIP code of recipient City/ZIP code of recipient ince. ONO, recipient has not bese pient's deadline for fulfilling its obl Yes ONO

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

Pretan. Ind 6/27/01\_

Or fax to: (651) 215-3841



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The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form			
City of Mandota Heights.		L.SHACHNESSY			
3. Street address.		4. City	5. ZIP code		
1101 Victoria Cunue		MendolaHts.	55118		
6. County	7. Phone number	8. Fax number	9. E-mail address		
DAKOTA	651-452-1850	651-452-8940			
10. Please indicate who in your <u>K. BAtcheldek</u> Name/Title	10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. K. BAtchelder Edm. 651-452-1850 1101 Victoria Curve Meridotatts SS112				
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. Sta</li> </ol>	ng business subsidies in		
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate hearing date b-5-99 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>			
<ol> <li>Has your organization sign</li></ol>	ed any agreements to award a bu	siness subsidy or financial assista	nce from August 1, 1999		
through December 31, 199	9 that is required to be reported u	Inder Minn. Stat. §116J.993 and §	§116J.994? (Mark one.)		

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

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busine will be used anter Bist Prive	,	.
LexINGTON RESINESSTARKY LLC.	Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
☐ Yes (Indicate name and address of parent corporation below. ♀ No	If more than one, indicate	ultimate owner.,	
Name of parent corporation	Street address C	ity	State ZIP code

17. Industry of recipient's facility (Mark one.):	<b>a</b> c	M Finance Incurance Deal Estate
	sale Trade	☐ Finance, Insurance, Real Estate □ Construction □ Other (please specify) $\mathcal{A}_{1C}$
18. Did the recipient relocate as a result of signing this	agreement? (M	Iark one.)
□ Yes (Indicate city and state of previous address and r 私No (Go to Question 19.)	eason recipier	nt did not complete this project at that address.)
City/State of previous address Reason project not com	npleted at prev	vious address
19. Would the recipient have remained in previous local financial assistance? (Mark one.)	tion or relocat	ed elsewhere if not awarded this business subsidy or
□ Remained at previous location □ Relocated to	o different Mi	nnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Ag	greement_	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 2 and 25 - and indicate only principal amount for load	21.	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
166.000		12-10-99
whichever is earlier.) 12–31–200	oment was pla	iced into service, or the recipient occupied the property,
22 Deve the appropriate provide a husiness subsidy of of		
be reported? (Mark one.)		types of financial assistance (see Question 25) required to nancial assistance
be reported? (Mark one.)	osidy 🗆 fin 25.	
24. If the agreement provided a business subsidy, please	osidy 🗆 fin 25.	ancial assistance If the assistance was one of the four types of financial
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>a not applicable, agreement provided financial assistanc</li> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> </ul>	e in consideration of the second seco	ancial assistance If the assistance was one of the four types of financial assistance, please indicate the type(s).
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>a not applicable, agreement provided financial assistance</li> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	e Grand Strain S	If the assistance was one of the four types of financial assistance, please indicate the type(s). In 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
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>a not applicable, agreement provided financial assistance</li> <li>a loan</li> <li>a grant (i.e., forgivable loan)</li> <li>b tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>a guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>b preferential use of governmental facilities</li> <li>b land contribution</li> <li>o other (Specify subsidy type.)</li> </ul>	e Grand fin State	If the assistance was one of the four types of financial assistance, please indicate the type(s). ot applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>a not applicable, agreement provided financial assistance</li> <li>a loan</li> <li>a grant (i.e., forgivable loan)</li> <li>b tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>a guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>b preferential use of governmental facilities</li> <li>contribution</li> <li>conter (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, p indicate the type of TIF district? (Mark one.)</li> </ul>	e Grand fin State	If the assistance was one of the four types of financial assistance, please indicate the type(s). It applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up ocde, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district Are any other grantors providing a business subsidy or
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>a not applicable, agreement provided financial assistanc</li> <li>a loan</li> <li>a grant (i.e., forgivable loan)</li> <li>atx abatement</li> <li>TIF or other tax reduction or deferral</li> <li>a guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>b preferential use of governmental facilities</li> <li>and contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, p indicate the type of TIF district? (Mark one.)</li> <li>and applicable, assistance was not in the form of TIF</li> <li>renewal and renovation</li> <li>soils condition</li> </ul>	e Grand fine fine fine fine fine fine fine fine	If the assistance was one of the four types of financial assistance, please indicate the type(s). It applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up ocde, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) es (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>be reported? (Mark one.)</li> <li>24. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>a not applicable, agreement provided financial assistanc</li> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment financing, p</li> </ul>	e Grand fine fine fine fine fine fine fine fine	If the assistance was one of the four types of financial assistance, please indicate the type(s). It 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 Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) es (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) o ntor(s) and value of the agreement(s):

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# Section 4 Goals and Public Purpose Identified in the Agreement

☑ Enhancing economic div ☑ Creating high-quality job □ Job retention	ersity		<ul> <li>(Mark all that apply.)</li> <li>Increasing tax base (c</li> <li>Other (please specify)</li> </ul>	annot be only pur	
□ Stabilizing the communit	ty		<ul> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the ag at the time of this report	reement includ rt. (Fill in the b	ed the following type boxes and attainment	es of goals, and whether the date(s) for each goal.)	e recipient had atta	ained those goals
<ul> <li>A) Specific wage and job get</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goal	ls	established? date:	get attainment s (month & year)	All goals attained? Q Yes Q No Q Yes Q No Q Yes Q No Q Yes Q No
(Please attach descriptions attainment if not documente					
30. For each of the followin agreement and the aver job creation goals in fu	age hourly valu All-time equivalo	e of any employer-p ents if you are unable	rovided health insurance g to separate goals by full-	oals for those jobs	5. ( <u>Onlv</u> indicate sitions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	10		·		s
\$9.00 to \$10.99	10				s
\$11.00 to \$12.99	10			· · · · ·	\$
\$13.00 to \$14.99	16				٢
\$15.00 and higher				·····	s
	urly value of an	y employer-provided	nber of <b>actual</b> jobs created I health insurance for those <i>tion into full- and part-tim</i>	jobs. <u>(Onlv</u> indi	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u> </u>				۲۲
\$7.00 to \$8.99					S
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99			<u> </u>	<u></u>	s

🗆 Yes 🕱 No

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## Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed it	on another 2000 MBAF suit	bmitted to DTED.)
<ol> <li>During the period August 1 through December 31, 19 required by Minn. Stat. §116J.993 and §116J.994? (A</li> </ol>	99, did your organization have an Mark one.)	y recipients who failed to report as
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or fina	incial assistance awarded to that
No		
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after August 1, 1999, that wer	e required to be fulfilled by the tin	me of this report? (Mark one.)
Yes (Complete the remainder of this sect.	ion.) 🙀 No (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta	ient failing to fulfill goals or any o ach additional pages if necessary.	other terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
	• •	
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obliga	ation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. O No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its obli	gations? (Mark one.)
	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:	
		<del></del>
Return your completed	d MBAF(s) by <u>April 1, 2000</u> ,	to:
2000 Minnesota	Business Assistance Form	

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

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# RECEIVED JUL 1 3 2001

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

1. Name of grantor (funding entity) MN DEPARTMENT OF CEMMERCE	2. Name of person completing this form DEEMV de Fiebre
3. Street address 85 7th Place E, Su, te 500	4. City St. Paul 5. ZIP code 55/0/
6. County 7. Phone number (c51) 297-1221	8. Fax number 651-297-7891 SEREMY. Co Fichel State.
10. Please indicate who in your organization should receive the $\frac{M_{1M} + 5+ch}{Name/Title}$ 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.")	<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>
City government County government Regional government	<ul> <li>❑ Yes (Indicate hearing date and <u>attach criteria</u>)</li> <li>☑ We held a public hearing but have not yet adopted</li> </ul>
State government	<ul> <li>criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>

## Section 1 Information About Grantor

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

## Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistation will be used</li> </ol>			
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				· · · · ·
□ Yes (Indicate name and address of parent corporation below. □ No	If more than one, in	dicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

<ol> <li>During the period January 1, 2000 through Decemb- report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent to represent to represent to recipient. Attach additional pages if necessary.)	port and the value of subsidy or finar	ncial assistance awarded to tha
2 No		
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ul><li>34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w</li><li>Q Yes (Complete the remainder of this second /li></ul>	vere required to be fulfilled by the tir	me of this report? (Mark one.)
<ul> <li>35 39. Provide the following information for each rec were to be attained by the time of reporting. (A</li> <li>35. Information on recipient and agreement:</li> </ul>		5
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obl	igation? (Mark one.)	
Yes ON, recipient <u>has begun</u> to repay the assistant	nce. D No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	□Yes □No	li A des second
39. Describe the steps being taken to bring recipient into	o compliance or recoup the subsidy:	
	· · · · · · · · · · · · · · · · · · ·	

Or fax to: (651) 215-3841

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

2001 Minnesota Business Assistance Form



# 2001 Minnesota Business Assistance Form RECEIVED AUG 2 2 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form				
City of Moose Lake	City of Moose Lake			David R. Talbot, Jr.		
3. Street address	3. Street address		4. City 5. ZIP code			
412 Fourth Street PO Box 870		Moose La	ke	55767-0870		
6. County	7. Phone number	8. Fax number		9. E-mail add	dress	
Carlton	218-485-4142	218-485-	4522	Toosen	an@lcp2.net	
10. Please indicate who in your	organization should receive the	2002 MBAF if diff	erent from the	person in Ques	stion 2.	
Name/Title	Phone number	Street ad	dress	City	ZIP code	
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported ut</li> </ul>					sidies in Mark one.) httach criteria) dopted	
Styres (Comp	leve the remainder of the form.)	DNO (Stop her	e, go to section	s on page 4.)		
Section 2 Information Ab	out Recipient					
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>		15. Address when will be used	4867 Sta	osidy or financi te <b>Highwa</b> ke, MN 5	y No 73	
Moose Lake Lodge,	LLC	Street address	Ciry	State	ZIP code	
16. Does the recipient have a pa	erent corporation? (Mark one.)	If more than one, i	ndicate ultima	te owner.)		
SE NO	•• •			-		
Name of parent corporation		Street address	City	Stare	ZIP code	

	<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Services	<ul> <li>Finance, Insura</li> <li>Construction</li> </ul>	ance, Real Estate D Other (please spec	in) <u>Notel</u>
18. Did the recipie	nt relocate as a result o	f signing this agreement	? (Mark one.)		
□Ycs (Indicate cit) ENo (Go to Questi	v and state of previous ion 19.)	address and reason reci	pient did not complete	this project at that addr	'ess.)
City/State of previo	us address Reason p	roject not completed at	previous address		
<ol> <li>Would the recip financial assistan</li> </ol>		previous location or rele	ocated elsewhere if not	awarded this business s	ubsidy or
C Remained	ar previous location	Relocated to differen	t Minnesota location	C Relocated outside N	Minnesota
ection 3 Gener	al Information Al	out the Agreemen	it		
	lue of business subsidy ase separate value by ty			gned (In addition to the dates the agreement wa	
\$281,500			09/03/1999		
	e improvements were fi	nished, equipment was		financial assistance. Fo the recipient occupied th	
23. Does the agreen be reported? (A	(ark one.)	1	our types of financial as	ssistance (see Question 2	25) required to
	provided a business su c(s) and total dollar va		25. (f the assistance wa assistance, please in	as one of the four types on ndicate the type(s).	of financial
🗅 not applicable, ag	reement provided finan	cial assistance	not applicable, ag <del>ree</del>	ment provided a busines	ss subsidy
⊃loan (only princip ¶grant (i.e., forgiva		\$( \$	□ assistance for propert by contaminants	ty polluted	s
<ul> <li>tax abatement</li> <li>TIF or other tax requirement</li> <li>guarantee of payn</li> <li>contribution of pre-</li> </ul>		S S	assistance for renova stock or bringing it u assistance provided f historic preservation	p to code, and or designated	S
preferential use of	f governmental facilitie	s \$	50% or less of total c	ost	
■ land contribution □ other (Specify sub	sidy type.)	S	□ assistance for pollution abatement □ assistance for a TIF s		S
·					*
	included tax increment of TIF district? (Mark			tors providing a busines to the same project? (A	
] not applicable, ass	sistance was not in the t	form of TIF		antor and the value of th ach an additional sheet	
redevelopment	vation		No		
ysoils condition conomic develop mined undergroup	ment		Grantor(s) and value of	the agreement(s):	
hazardous substan		ī	Grantor	Value (\$)	
		_			

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

28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreeme nt? (Mark all that apply.)		urpose. Which		
Enhancing economic dive Creating high-quality job ob retention Stabilizing the community	growth		Increasing tax base ( Other <i>(please specify</i> )				
29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)							
Goals Target attainment All goals established? Target attainment All goals established? Target attainment All goals attained? Target attainment All goals Target attainment All goals Target attainment attainment if not documented in Questions 30 and 31.)							
30. For each of the followin agreement and the avera	g wage categor Ige hourly valu I-time equivale	ries, indicate the job of e of any employer-pr nts if you are unable	ovided health insurance g to separate goals by full-	oals for those jobs.			
Hourly Wage (excluding benefits)	Fall-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance		
no hourly wage-level goal					s		
less than \$7.00	·		_7_		\$_n/a		
\$7.00 to \$8.99				<u> </u>	s		
\$9.00 to \$10.99					5		
\$11.00 to \$12.99					\$		
\$13.00 to \$14.99					s		
\$15.00 and higher					\$		
date and the actual hou	rly value of any	y employer-provided	nber of actual jobs created health insurance for those ion into full- and part-time	jobs. <u>(Only</u> indice			
Hourly Wage (excluding benefits)	Fuil-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Crention	Job Recention	Hourly Value of Health Insurance		
less than \$7.00					s		
\$7.00 to \$8.99			_9		s_n <b>∠a</b>		
\$9.00 to \$10,99					s		
\$11.00 to \$12.99					s		
\$13.00 to \$14.99					5		
\$15.00 and higher					\$		
32. Has the recipient achiev (Mark one.)	32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?						

2001 Minnesota Business Assistance Form

Page 3 of 4

Department of Trade and Economic Development

# Section 5 Recipients Failing to Fulfill Obligations

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<ol> <li>During the period January 1, 2000 through Dece report as required by Minn. Stat. §116J.993 and</li> </ol>		have any recipients who failed to
<ul> <li>Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary No</li> </ul>		ancial assistance awarded to that
Name of recipient Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fagreement signed on or after January 1, 2000, the</li> </ol>		
Q Yes (Complete the remainder of th	is section.) 🖬 No (Stop here and s	submit form to DTED .)
<ul><li>35 39. Provide the following information for each were to be attained by the time of reporting.</li><li>35. Information on recipient and agreement:</li></ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):	· · · · · · · · · · · · · · · · · · ·	
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a diffiend</li> <li>other (Specify reason.)</li> </ul>	erent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
□ Yes □ No, recipient <u>has begun</u> to repay the assis	stance.	zun to repay the assistance.
38. Has the agreement been amended to extend the re	cipient's deadline for fulfilling its obl	igations? (Mark one.)
	Q Yes Q No	· · ·
39. Describe the steps being taken to bring recipient i	into compliance or recoup the subsidy	:
· · · · · · · · · · · · · · · · · · ·		·
2001 Minne Minnesota Department 500 Met	pleted MBAF(s) by <u>April 1, 2001</u> esota Business Assistance Form of Trade and Economic Developm ro Square, 121 East 7 <sup>th</sup> Place Paul, MN 55101-2146	
2001 Minnesota Department 500 Met St.	esota Business Assistance Form of Trade and Economic Developm ro Square, 121 East 7 <sup>th</sup> Place	

## CITY OF MOOSE LAKE

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#### Business Subsidy Criteria

## 1. PURPOSE

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

## 2. STATUTORY LIMITATIONS

- 2.01 In accordance with the Business Subsidy Criteria, Business Subsidy requests must comply with applicable State Statutes. The City of Moose Lake's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994.
- 3. PUBLIC POLICY REQUIREMENT
- 3.01 All business subsidies must meet a public purpose other than increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is imminent and demonstrable
- 4. BUSINESS SUBSIDY APPROVAL CRITERIA
- 4.01 All new projects approved by the City of Moose Lake should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates no contractual rights on the part of any potential developer.
- 4.02 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 4.03 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City at; the time of approval.
- 4.04 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy. In effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the City may undertake an independent underwriting of the project to help ensure that the request for assistance is valid.
- 4.05 Prior to approval of a business subsidies financing plan, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private

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

- 4.06 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.
- 4.07 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of the business subsidy, if applicable.
- 4.08. A recipient of a business subsidy must make a commitment to continue operations at the site where the subsidy is used for at least five years after the benefit date.
- 4.09 Any business subsidy will be the lowest possible level and least amount of time necessary, after the recipient maximizes the use of private debt and equity financing first.
- 4.10 Recipients of any business subsidy will be required to meet wage and job goals determined by the city on a case-by-case basis, giving consideration to the nature of the development, the purpose of the subsidy, local economic conditions and similar factors.
- 5. TAX INCREMENT PROJECT EVALUATION CRITERIA
- 5.01 All tax increment requests will be evaluated under the general criteria in Section 1 to 4 and the specific criteria in this Section. Changes in local markets, costs of construction, and interest rates may cause changes in the amounts of Tax Increment subsidies that a given project may require at any given time.
- 5.02 Some criteria, by their very nature, must remain subjective. However, wherever possible "benchmark" criteria have been established for review purposes. The fact that a given proposal meets one or more "benchmark" criteria does not mean that it is entitled to funding under this policy, but rather that the City is in a position to proceed with evaluations of (and comparisons between) various business subsidy requests, using uniform standards whenever possible.
- 5.03 Following are the evaluation criteria that will be used by the City of Moose Lake
  - A. All business subsidy requests should optimize the private development potential of a site.
  - B. All business subsidy requests should obtain the highest possible private to public financial investment ratio. The Council establishes a benchmark ratio of 3 parts private to 1 part public funding for manufacturing/warehouse projects. Housing and retail/commercial projects shall be reviewed on an individual basis.
  - C. All business subsidy requests should create or retain the highest feasible number of jobs on the site at the highest feasible wages.
  - D. All business subsidy requests should create the highest possible ratio of property taxes paid before and after redevelopment. Given the different assessment circumstances in the City, this ratio will vary widely. However, under normal circumstances, the Council will expect at least a 1:2 ratio of taxes paid before and after redevelopment.

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

N:\Minnsota\Moose Lake\bus subsidy criteria.wpd

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The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed July 1, 1995 through July 31, 1999 use the 1999 MBAF.

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

Section 1 Information About Grantor				
1. Name of grantor (funding entity)	2. Name of person completing this form			
City of Newport	Larry Bodahl			
3. Street address	4. City	5. ZIP code		
596 7th Avenue	Newport	55055		
6. County 7. Phone number	8. Fax number	9. E-mail address		
Washington 651-459-5677	651-459-9883	lbodahl@mninter.net		
10. Please indicate who in your organization should receive th	ne 2002 MBAF if different form t	he person in Question 2.		
		,		
		1		
Name/Title Phone number	Street address Cit	y Zip code		
11. Classification of grantor (Mark one. If grantor is entity	12. Has your organization he			
created by gov't agency, please indicate affiliation. For		ting business subsidies in		
example, a city EDA would check "City government.")	compliance with Minn. St	at, §116J.994? (Mark one.)		
City government				
	Yes (Indicate hearing date and attach criteria)			
Regional government	K-No			
State government	We held a public hearing but have not yet adopted criteria			
Other (Please specify.)	(Indicate date of initial heari	ng)		
	Other (Please attach explai	nation.)		
<ul> <li>13. Has your organization signed any agreements to award a through December 31, 2000 that is required to be reported</li> <li></li></ul>	d under Minn. Stat. §116J.993 a	and §116J.994? (Mark one.)		
Section 2 Information About Recipient				
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where business will be used	subsidy or financial assistance		
	Street address Cit	y State Zip Code		
16. Does the recipient have a parent corporation? (Mark one.,				
□Yes (Indicate name and address of parent corporation below □No		imate owner.)		
Name of parent corporation Street ac	ddress City	State Zip code		
		State Zib code		

## Section 5 Recipients Failing to Fulfill Obligations

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

<ol> <li>During the period January 1, 2000 through December 31 report as required by Minn. Stat. §116J.993 and §116J.9</li> </ol>	, 2000, did your organization have any recipients who failed to 94? (Mark one.)
Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or financial assistance awarded to that
No	
Name of recipient Type of subsidy or assistance (S	See Questions 24 and 25.) Value of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2000, that were	chieve any goals or fulfill any other obligations under an required to be fulfilled by the time of this report? (Mark one.)
□Yes (Complete the remainder of this sect	ion)
3539. Provide the following information for each recipient fait to be attained by the time of reporting. (Attach additional page)	ailing to fulfill goals or any other terms of an agreement that were terms if necessary.)
35. Information on recipient and agreement:	
Name of recipient in default Type of subsidy or a	assistance Initial value of subsidy or assistance
Street address of recipient City/ZIP code of rec	sipient Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply):	
Irecipient ceased operation Irecipient 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	n? (Mark one.)
Yes No, recipient has begun to repay the assistance.	No, recipient has not begun to repay the assistance.
38. Has the agreement been amended to extend the recipier	t's deadline for fulfilling its obligations? (Mark one.)
□Yes	□No
39. Describe the steps being taken to bring recipient into cor	npliance or recoup the subsidy;
	· · · · · · · · · · · · · · · · · · ·

Return your completed MBAF(s) by <u>April 1, 2001</u>, to: 2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development – AEO 500 Metro Square, 121 East 7<sup>th</sup> Place St. Paul, MN 55101-2148

Or fax to: (651) 215-3841



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

## Section 1 Information About Grantor

1. Nume of grantor (funding en		2. Name of person completing this form SUSUN K. IVERSON CIERK-TRASURE			
3. Street address 10 15t AVC NE		4. City Norword Young America	5. ZIP code 55368		
6. County Carver	7. Phone number (95) 467 · 1860	8. Fax number (952) 427-1818	9. E-mail address SiVEISON @ A-1-a. Com		
10. Please indicate who in your	r organization should receive the	2001 MBAF if different from the	person in Question 2.		
Name/Titlc	Phone number	Street address	City ZIP code		
11. Classification of grantor (M created by govt agency, ple example, a city EDA would	ease indicate affiliation. For	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn, Sta</li> </ol>	ng business subsidies in		
City government County government Regional government State government Other (Please specify.)		<ul> <li>Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini Other (Please attach explanate)</li> </ul>	thave not yet adopted		
		iness subsidy or financial assistar nder Minn. Stat. §116J.993 and §			
Yes (Comp	lete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)		
Section 2 Information A	About Recipient	r			
14. Name of business or organiz receiving subsidy or financi HAKEVIEW Clinic E	al assistance	15. Address where business su will be used 4000 Faxon Rel. N	bidy or financial assistance 55368 Onumed Young America		
		Street address	City ZIP code		
16. Does the recipient have a pa	sent corporation? (Mark one.)				
□ Yes (Indicate name and addre XNo	ess of parent corporation below.	If more than one, indicate ultima	te Owner,)		
Name of parent corporation		Street address City	State 7.1P code		

2000 Minnesota Business Assistance Form

Department of Trade and Economic Development

17. Industry of recipient's facility (Mark one.):	
□ Manufacturing □ Services □ Retail Trade □ Wholesale Tra	de Deconstruction Decore (please specify)
18. Did the recipient relocate as a result of signing this agreemed Yes (Indicate city and state of previous address and reason reason root (Go to Question 19.)	ent? (Mark one.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or in financial assistance? (Mark one.) MA	
Section 3 General Information About the Agr	
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.) #175,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)  O   + + + + + + + + + + + + + + + + + +
22. Benefit date (Indicute the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) $\binom{2}{2}\binom{2}{2}$	placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the reported? (Mark one.) business subsidy	□ financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
a not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
<ul> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	<ul> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Arc any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<ul> <li>not applicable, assistance was not in the form of TIF</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>Soils condition</li> <li>Meconomic development</li> <li>mined underground space</li> </ul>	<ul> <li>Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>No</li> <li>Grantor(s) and value of the agreement(s);</li> </ul>
U hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

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<ol> <li>Minn. Stat. §116J,994 ( of the following public p</li> </ol>	requires that bus urposes were sta	iness subsidy and fin- ted in the agreement?	ancial assistance agreemer (Mark all that apply.)	its state a public pu	rpose. Which
<ul> <li>□ Enhancing economic dive</li> <li>□ Creating high-quality job</li> <li>□ Job retention</li> <li>□ Stabilizing the communit</li> </ul>	growth		<ul> <li>Increasing tax base (i)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>	)	
29. Indicate whether the ag ut the time of this repor	reement include t. (Fill in the bo	d the following types exes and attainment d	of goals, and whether the ate(s) for each goal.)	recipient had attain	ed those goals
<ul> <li>A) Specific wage and job ge</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than w</li> </ul>	r retention goals age and job goal	ls		rget attainment s (month & year) $\frac{10}{2}$	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions attainment if not documente 30. For each of the followin	d in Question 30	<b>)</b>	cation and/or retention go	als stated in the	
agreement and the avera	age hourly value	of any employer-pro	vided health insurance gos to separate goals by full- a	als for those jobs. (	<u>Only</u> indicate ons.)
Hourly Wage (excluding bonefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wuge-level goal	( <del>) _</del>		- <sup>-</sup> -		s
less than \$7.00				<u> </u>	\$
\$7.00 to \$8.99		-			\$
\$9.00 to \$10.99					۶
\$11.00 to \$12.99	<u> </u>		·		5
\$13.00 to \$14.99	<u> </u>				۶
\$15.00 and higher	<del></del>	<i></i>			S
full-time equivalents if	urly value of any you are unable Full-time	employer-provided i to separate job creati Part-time/	nealth insurance for those j ion into full- and part-time FTE (only if unuble to	obs. ( <u>Only</u> indicate positions.)	e joh creation in
Nourly Wage (excluding benefils)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Houriy Value of Health Insurance
less than \$7.00					٤
\$7.00 to \$8.99	2		·		\$
\$9.00 to \$10.99	2 2 2	<u> </u>		, 1	<u>2.92</u>
\$11.00 to \$12.99	2			<u> </u>	<u>5.84</u>
\$13.00 to \$14.99	2		·	· <u>4</u>	<u>, 1.30</u>
410100 10 314194	2_			~	\$9.78

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

⊔Ycs XNo

2000 Minnesota Business Assistance Form

Department of Trade and Economic Development

	Murk one.)	ecipients who failed to report as
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	eport and the value of subsidy or finance	cial assistance awarded to that
No		
ame of recipient Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
. Did your organization have any recipients who fail agreement signed on or after August 1, 1999, that w	were required to be fulfilled by the time	of this report? (Mark one.)
$\Box$ Yes (Complete the remainder of this	s section.) No (Stop here and su	bmit form to DTED .)
39. Provide the following information for each rewere to be attained by the time of reporting. (		er terms of an agreement that
. Information on recipient and agreement:		
ame of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
reet address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·
Yes ONO, recipient has begun to repay the assiste	ance. DNo, recipient has not begut	to repay the assistance.
. Has the agreement been amended to extend the rec.	ipient's deadline for fulfilling its obliga	tions? (Mark one.)
TYcs No		
. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
		······

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

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Page 4 of 4

Department of Trade and Economic Development

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

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#### PURPOSE AND AUTHORITY

1

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

#### 2 PUBLIC POLICY REQUIREMENT

2.1 All business subsidies must meet a public purpose other than increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is imminent and demonstrable

#### 3 BUSINESS SUBSIDY APPROVAL CRITERIA

- 3.1 Unless specifically excluded by the Statutes, business subsidies include grants by state or local government agencies, contributions of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient of the subsidy, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.
- 3.2 All new projects approved by the City of Norwood Young America should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates no contractual rights on the part of any potential developer.
- 3.3 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.4 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City at the time of approval.
- 3.5 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy. In effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the Grantor may undertake an independent underwriting of the project to help ensure that the request for assistance is valid.

3.6 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the

#### City of Norwood Young America

#### September 27, 1999

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

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3.7 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.

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- 3.8 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of the business subsidy, if applicable.
- 3.9 A recipient of a business subsidy must enter into a subsidy agreement with the Grantor as described in Section 4.
- 3.10 A recipient of a business subsidy must make a commitment to continue operations at the size where the subsidy is used for at least five years after the benefit date.
- 3.11 Any business subsidy will be the lowest possible level and least amount of time necessary, after the recipient maximizes the use of private debt and equity financing first.
- 3.12 Recipients of any business subsidy will be required to meet wage and job goals determined by the Grantor on a case-by-case basis, giving consideration to the nature of the development, the purpose of the subsidy, local economic conditions and similar factors.

#### 4 Subsidy Agreement

- 4.1 In granting a business subsidy, the Grantor shall enter into a subsidy agreement with the recipient that provides the information, wage and job goals, commitments to provide necessary reporting data and recourse for fail to meet goals required by the Statutes.
- 4.2 The subsidy agreement may be incorporated into a broader development agreement for a project.



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

## Section 1 Information About Grantor

1. Name of grantor (funding en City of Oakdale	tity)	2. Name of person completing Richard McNamara	this form		
3. Street address		4. City	5. ZIP code		1
1584 Hadley Avenue	North	Oakdale	55128		
6. County Washington	7. Phone number (651) 730-2809	8. Fax number (651) 730-2818	9. E-mail addr rich@ci.0a	ress akdale.mn.	us
10. Please indicate who in your Same	organization should receive the	2002 MBAF if different from the	person in Questi	on 2.	
Name:Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity ease indicate affiliation. For check "City government.")	<ol> <li>Has your organization hele adopted criteria for awardi compliance with Minn. Sta</li> </ol>	ng business subsi	dies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>		<ul> <li>☆Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing buccriteria (Indicate date of initiania)</li> <li>Other (Please attach explanation)</li> </ul>	t have not yet add tial hearing	opted	66 jobs at minimum of \$7.20/an hοι Also see attached.
through December 31, 2000		iness subsidy or financial assistander Minn. Stat. §116J.993 and § No <i>(<u>Stop here,</u> go to sectio</i>	116J.994? (Mar		
Section 2 Information Ab	out Recipient		·		. ·
14. Name of business or organi receiving subsidy or financi	al assistance	<ol> <li>Address where business su will be used</li> </ol>	bsidy or financial	assistance	
CSM Investors, Inc.	•	3350, 3400 Granada	a Ave., Oai	kdale, MN	55128
		Street address City	State	ZIP code	
16. Does the recipient have a pa	arent corporation? (Mark one.)	6744, 6866 33rd St	. N., Oak	dale, MN 5	5128
X Yes (Indicate name and addr. ⊃ No	ess of parent corporation below.	If more than one, indicate ultim	ate owner.)		
CSM Corporation		_2575 University As Street address City	ve. W., St State	e. 150, St ZIP code	. Paul, MN 55114

2001 Minnesota Business Assistance Form

	bient's facility (Mark on				
	A Manufacturing Retail Trade	<ul> <li>❑ Services</li> <li>❑ Wholesale Trad</li> </ul>	□ Finance, Insura e □ Construction	☐ Other (please speci	[y]
18. Did the recipien	t relocate as a result of s	signing this agreemen	nt? (Mark one.)		
⊐ Yes (Indicate citv ¾ No (Go to Questic		ldress and reason re	cipient did not complete i	this project at that addre	255.)
City/State of previou	is address Reason pro	ject not completed a	t previous address		
<ol> <li>Would the recip financial assistanc</li> </ol>	•	revious location or re w Company/Com	elocated elsewhere if not a not struction	awarded this business su	bsidy or
	at previous location	Relocated to differe	ent Minnesota location	C Relocated outside N	linnesota
ection 3 Genera	ai Information Abo	out the Agreeme	ent	·	
	ue of business subsidy o se separate value by typ			med (In addition to the d dates the agreement was	
\$54,000 ar	nually for 8 y	years	5/1/00		
	e improvements were fin		the business subsidy or j s placed into service, or i		
23. Does the agreent be reported? (M	(ark one.)	subsidy or one of the business subsidy	four types of financial as	ssistance (see Question 2	5) required to
	provided a business sub (s) and total dollar valu			as one of the four types on ndicate the type(s).	of financial
🗅 not applicable, agr	eement provided financ	ial assistance	□ not applicable, agree	ment provided a busines	s subsidy
	ble loan) duction or deferral	s ss s s s s	<ul> <li>assistance for proper by contaminants</li> <li>assistance for renova stock or bringing it u assistance provided f historic preservation 50% or less of total c</li> </ul>	ting building up to code, and for designated a districts, when	S S
<ul> <li>□ land contribution</li> <li>□ other (Specify subs</li> </ul>		s s s	<ul> <li>⊐ assistance for polluti abatement</li> <li>⊐ assistance for a TIF s</li> </ul>	on control or	s s
	included tax increment is of TIF district? (Mark of			tors providing a busines to the same project? (N	
Xnot applicable, ass	istance was not in the fo	orm of TIF		cantor and the value of the tach an additional sheet	
<ul> <li>redevelopment</li> <li>renewal and renov</li> <li>soils condition</li> </ul>	ation		X No		
<ul> <li>economic develop.</li> <li>mined undergroun</li> <li>hazardous substan</li> </ul>	d space		Grantor(s) and value of	f the agreement(s):	
			Grantor	Value (S)	
			Grantor	Value (S)	······

28. Minn. Stat. §116J.994 of the following public	requires that bu	siness subsidy and fi	nancial assistance agree	ements state a public p	ourpose. Which
<ul> <li>Enhancing economic div</li> <li>Enhancing high-quality job</li> <li>Job retention</li> <li>Stabilizing the communi</li> </ul>	growth			se (cannot be only pur cify)	
29. Indicate whether the ag at the time of this repo				the recipient had atta	ined those goals
A) Specific wage and job g B) Other job-creation and/c C) Other wage goals D) Other goals other than w	or retention goal	S	Xi Yes I No Ves No	Target attainment dates (month & year) <u>8-03</u>	All goals attained? Yes Mo Yes No Yes No Yes No Yes No
(Please attach descriptions attainment if not document					
30. For each of the followi agreement and the aver job creation goals in fu	age hourly valu	e of any employer-pr	ovided health insurance	e goals for those jobs. all- and part-time posi	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		· · · · · · · · · · · · · · · · · · ·			s
\$7.00 to \$8.99	66				s
\$9.00 to \$10.99	<u> </u>				S
\$11.00 to \$12.99		. <u> </u>			s
\$13.00 to \$14.99					s
\$15.00 and higher					S
<ol> <li>For each of the following date and the actual how full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ol>	urly value of an	y employer-provided	health insurance for th	ose jobs. <u>(Onlv</u> indica time positions.)	
less than \$7.00					s
\$7.00 to \$8.99	62				S
\$9.00 to \$10.99					. S
\$11.00 to \$12.99					s
\$13.00 to \$14.99					S
\$15.00 and higher			·		S
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se		nd 31) and fulfilled <u>all</u>	obligations stipulated	in the agreement?

 $\left\{ \right\}$ 

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

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Page 3 of 4

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## Section 5 Recipients Failing to Fulfill Obligations

Do not complete this	section if you completed	d it on another 2001 MBAF subi	mitted to DIED.)		
	nuary 1, 2000 through Decem Minn. Stat. §116J.993 and §1	nber 31, 2000. did your organization ha 116J.994? <i>(Mark one.)</i>	ve any recipients who failed to		
	e of each recipient failing to r additional pages if necessary	report and the value of subsidy or finan )	icial assistance awarded to that		
X No	•				
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance		
		led to achieve any goals or fulfill any o were required to be fulfilled by the tim			
Tes (C	complete the remainder of this	s section.) 🛛 🗴 No (Stop here and sub	bmit form to DTED .)		
		ecipient failing to fulfill goals or any ot (Attach additional pages if necessary.)	her terms of an agreement that		
35. Information on recip	ient and agreement:				
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipien	t	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		<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	□ recipient relocated to a different community □ other (Specify reason.)		
37. To date, has the recip	pient fulfilled its repayment of	bligation? (Mark one.)			
☐ Yes ☐ No, recipient	t <u>has begun</u> to repay the assist	tance.	<u>n</u> to repay the assistance.		
38. Has the agreement be	en amended to extend the rec	cipient's deadline for fulfilling its oblig	ations? (Mark one.)		
		Yes No			
39. Describe the steps be	ing taken to bring recipient in	nto compliance or recoup the subsidy:			
· · · · · · · · · · · · · · · · · · ·					

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

# **EXHIBIT A Business Subsidy Policy**

RECEIVED JUN This Policy is adopted for purposes of the business subsidies act (the "Act"), which is Minnesota Statutes, Sections 116J.993 through 116J.995. Terms used in this Policy are intended to have the same meanings as used in the Act, and this Policy shall apply only with respect to subsidies granted under the Act if and to the extent required thereby.

F PUI,

While it is recognized that the creation of good paying jobs is a desirable goal which benefits the community, it must also be recognized that not all projects assisted with subsidies derive their public purposes and importance solely by virtue of job creation. In addition, the imposition of high job creation requirements and high wage levels may be unrealistic and counter-productive in the face of larger economic forces and the financial and competitive circumstances of an individual business.

With respect to subsidies, the determination of the number of jobs to be created and the wage levels thereof shall be guided by the following principles and criteria:

- Each project shall be evaluated on a case-by-case basis, recognizing its importance and benefit to the community from all perspectives, including created or retained employment positions.
- If a particular project does not involve the creation of jobs, but is nonetheless found to be worthy of support and subsidy, it may be approved without any specific job or wage goals. as may be permitted by applicable law.
- In cases where the objective is the retention of existing jobs, the recipient of the subsidy shall be required to provide reasonably demonstrable evidence that the loss of those jobs is imminent.
- The setting of wage and job goals must be sensitive to prevailing wage rates, local economic conditions, external economic forces over which neither the grantor nor the recipient of the subsidy has control, the individual financial resources of the recipient and the competitive environment/in which the recipient's business exists.
- Because it is not possible to anticipate every type of project which may its context and time present desirable community building or preservation goals and objectives, the governing body must retain the right in its discretion to approve projects and subsidies which may vary from the principles and criteria of this Policy.

Adopted by:	the City Council of the City of Oakdale, Minnesota
Date of Adoption:	April 25, 2000
Date of Public Hearing:	April 25, 2000

(Please return by April 1, 1999) RECEIVED JUN



4 2921

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
City of Oakdale		Richard McNamara		
3. Agency street address		4. City		
1584 Hadley Aven	ue North	Oakdale		
5. Zip code	6. Phone number (area code)	8. Type of government agency	y :	
55128	(651) 730-2809 7. Fax number (area code)	X City County	_RegionalState	
	(651) 730-2818	Other (Please indicate)_		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Imation				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	pplicable)	
TIF		1-8		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
7/1/97	8/1/99	placed in service 1/1/98	\$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	18. Average h assistance	, .	e level goals for busi	ness receiving
10		\$8.00			
19. Actual jobs created since business receive	ed assistance		erage hourly eceived ass	y wage paid to empl istance	oyees hired since
1,511		\$66,37	8 annua	<u>l average s</u>	alarv
Goals of business receiving assistance: (Pleas number of employees at each wage level and corresponding benefit level.)		Actual perform	mance since per of emplo	e project placed in se oyees at each wage l	ervice: (Please
21. Job Creation Hourly Wage Level Full-time Part-time (excl. benefits)	22. Hourly Value of Voluntary Benefits (S)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (S)
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			<u> </u>	\$10.00 to \$11.99	
, S12.00 and higher				\$12.00 and higher	
If necessary, please attach additional docume	ntation.	If necessary, p	olease aπac	h additional docume	intation.

#### 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	
12/22/00	5/11/01	
27. Have all wage and job goals been achieved? IX Yes — do not submit future forms for this project.		
	lease submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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 JUL 1 3 2001

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

1. Name of grantor (funding entity) OIMSTEA (OUNTY)	2. Name of person completing this form Robert M. BENDZICK		
3. Street address 151 4th St SE	4. City Rochester	5. ZIP code	
6. County Olmster 7. Phone number 507. 295. 8546	8. Fax number 507.287.2666	9. E-mail address Bendzick.BobeCo.Clasted.MN.1	
10. Please indicate who in your organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title Phone number	Street address	City ZTP code	
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>City government</li> <li>County government</li> <li>State government</li> <li>Other (Please specify.)</li> <li>13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported units and the grant of the form.)</li> </ul>	under Minn, Stat. §116J.993 and §116J.994? (Mark one.)		
Section 2 Information About Recipient			
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business su will be used	bsidy or financial assistance	
	Street address City	State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<ul> <li>❑ Yes (Indicate name and address of parent corporation below.</li> <li>❑ No</li> </ul>	If more than one, indicate ultim	ale owner.)	
Name of parent corporation	Street address City	State ZIP code	

Section 1 Information About Grantor

Department of Trade and Economic Development

## Section 5 Recipients Failing to Fulfill Obligations

<ol> <li>Do not complete this section if you completed it</li> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116.</li> </ol>	31, 2000, did your organization ha		
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or finan	cial assistance awarded to that	
€No	•		
Name of recipient Type of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance	
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> </ol>			
Yes (Complete the remainder of this se	ction.) XNo (Stop here and sul	bmit form to DTED .)	
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Att			
35. Information on recipient and agreement:			
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for default (Mark all that apply.):			
<ul> <li>recipient ccased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a different community other (Specify reason.)		
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)		
Yes O No, recipient <u>has begun</u> to repay the assistan	ce. 🗆 No, recipient has not begu	in to repay the assistance.	
38. Has the agreement been amended to extend the recipi	ient's deadline for fulfilling its oblig	pations? (Mark one.)	
	QYes DNo		
39. Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:		
		· · · · · · · · · · · · · · · · · · ·	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

Page 1 of 4

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

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

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

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

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

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

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

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

Page 2 of 4

2. Policy Regarding Jobs and Wages. Under the Act, the County is to set goals for the creation or retention of a specified number of jobs and wage goals for the jobs created or retained for each business subsidy and include such goals in the subsidy agreement. Wage and job goals must be specified for the period ending not later than two years after the benefit date of the business subsidy, although the County may, in its discretion, require additional goals for a longer period or periods, or may, after an additional public hearing, extend the period for meeting the wage and job goals by up to one year.

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

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

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

Page 3 of 4

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

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

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

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

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

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

Fill in Calendar	Taxable	Tax	Subsidy or Ab <b>atem</b> ent	Cumulative	Tax Remaining fo
Years	Valuation	Generated	Requested	Subsidy	County
Year 1					
Year 2					
Year 3					
Year 4		· · · ·			
Year 5					
Year 6					_
Year 7					
Year 8					
Year 9					
Year 10					
Year 11					
Year 12					
Year 13					
Year 14					
Year 15					
Year 16					
Year 17					
Year 18					
Year 19					
Year 20					
Year 21					
Year 22					
Year 23					
Year 24			· · ·		
Year 25		· · · · · · · · · · · · · · · · · · ·			
Year 26					1
Year 27					
Year 28		<u></u>		<u> </u>	
Year 29					
Year 30				1	

Class of Property:

Tax rates used for calculation of taxes:

#### Notes:

)

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

c:\data\xl\policy\ bus subsidy tax detail.xls 6/15/01

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

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

#### Notes:

1) MIF is the Minnesota Investment Fund operated by the Minnesota Department of Trade and Economic Development (DTED). DTED sets minimum wage rates which must be met to qualify for assistance by the Fund. As of July 1, 2000 the Metro minimum wage rate elgible for subsidization was \$12.00 per hour.

2) Job and Wage projections on this form must be made for twice the length of the subsidy period requested.

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

Number of

# **Affidavit of Publication**

### TATE OF MINNESOTA)

# COUNTY OF WADENA)

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

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

(B) The printed <u>Public Notice-Notice of Public Hearing to</u> Review Proposed Business Subsidy Policy

which is attached was cut from the columns of said newspaper, and was printed and published once each week, for <u>two</u> successive weeks; it was ublished on <u>Thursday</u>, the <u>16th</u> day of <u>November</u>  $0_{00}$ , and there after printed and published on every <u>Thursday</u> to

and including \_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_ November

p 00 and printed below is a copy of the lower case alphabet from A to Z, both inclusive, which is hereby acknowledged as being the size and kind of type used in the composition and publication of the notice:

Whee Winiah BY: Receptionist TITLE:

Subscribed and sworn to before me on this

33rd day of Now 2000

Elizabeth K. Miller

Notary Public

icdefghlikimnopqratuvwxyz

# RATE INFORMATION

1) Lowest classified rate paid by commercial users for comparable space

2) Maximum rate allowed by law for the above matter

(3) Rate actually charged for the above matter

2000

RECEIVED JUN 1 5 2001

#### Public Notice NOTIC OF PUBLIC HEARING TO REVIEW PROPOSED

BUSINESS SUBSIDY POLICY

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

The proposed Business Subeldy Policy is available for review prior to the public hearing and can be reviewed or receive a copy by contecting Bradley A Sweneon, City Administrator or Jarrod Claon, Community Developer at 222 and 61. BE or calling 219-091-770 for City Administrator or calling 218-631-7710 for Community Developer.

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

11/18 & 11/23+

ELIZABETH K. MILLER Notary Public Minnesota Hy Commission Expires Jan. Challen

(Line, word, or inch rate)

(Line, word, or inch rate)

(Line, word, or inch rate)



# 2001 Minnesota Business Assistance Form

#### RECEIVED JUN 4 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entiry)	2. Name of person completing this form
3. Street abtiress P.D. BOX 186	4. city Onamia 5. ZIP code Sle359
6. County, 7. Phone number Mille Lacs 320-532-33	8. Fax number 11 320-532-3434 CHUMP Decent. Con
10. Please indicate who in your organization should receive	the 2002 MBAF if different from the person in Question 2.
Name/Title Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)
City government	X Yes (Indicate hearing date and <u>attach criteris</u> )
C Regional government	We held a public bearing but have not yet adopted
State government	criteria (Indicate date of initial hearing)
Other (Please specify.)	Other (Please attach explanation.)
	a business subsidy or financial assistance from January 1, 2000 ed under Minn. Stat. §116J.993 and §116J.994? (Mark one.)
□ Yes (Complete the remainder of the form	m.) X No (Stop here, go to section 5 on page 4.)
Section 2 Information About Recipient	
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used
	Street address City State ZIP code

16. Does the recipient have a parent corporation? (Mark one.)

<ul> <li>Yes (Indicate name and address of parent corporation below</li> <li>No</li> </ul>	If more than one, i	ndicate ultimat	e owner.)	
Name of parent corporation	Street address	City	State	ZIP code

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<ol> <li>During the period January 1, 2000 throu report as required by Minn. Stat. §116J.</li> </ol>	igh December 31, 2000, did your organization hi 993 and §116J.994? (Mark one.)	ave any recipients who failed to
□ Yes (Indicate the name of each recipient, recipient. Attach additional pages if No	failing to report and the value of subsidy or finat necessary.)	ncial assistance awarded to that
Name of recipient Type of subsi	dy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or after January 1,	nts who failed to achieve any goals or fulfill any ( 2000, that were required to be fulfilled by the tir	ne of this report? (Mark one.)
<b>Q</b> Yes (Complete the remain	nder of this section.) No (Stop here and su	bmit form to DTED .)
	for each recipient failing to fulfill goals or any o eporting. (Attach additional pages if necessary.)	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that app	ply.):	· · · · · · · · · · · · · · · · · · ·
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positio</li> </ul>	ns crecipient relocated to a differ	redt community
37. To date, has the recipient fulfilled its re	payment obligation? (Mark one.)	·
Yes No, recipicat has begun to repa	y the assistance. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to ext	end the recipient's deadline for fulfilling its obli	gations? (Mark one.)
	Ves No	90 s S
39. Describe the steps being taken to bring	recipient into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4



# 2000 Minnesota Business Assistance Form RECEIVED JUN 1 2 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding en City of Plato	ntity)	2. Name of person completing this form Kathleen Stuedemann				
3. Street address PO BOX 7		4. City Plato MN	5. ZIP code	55370		
6. County McLeod	7. Phone number 320-238-2224	8. Fax number	9. E-mail add	ress		
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from th	e person in Ques	stion 2.		
Name/Title	Phone number	Street address	City	ZIP code		
11. Classification of grantor (A created by gov't agency, pl example, a city EDA would	Aark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.9947 (Mark one.)				
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	· · ·	<ul> <li>Yes (Indicate hearing date and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>				
<ul> <li>Has your organization sign through December 31, 199</li> <li>Yes (Complete the second seco</li></ul>	<ul> <li>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.)</li> </ul>					

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business will be used</li> </ol>	subsidy or financial	assistance
PLATO WOOWORK	$\frac{200 3^{RO} 5+ 5 m}{\text{Street address}}$	Plato City	SS.370 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
디 Yes (Indicate name and address of parent corporation below. 회No	If more than one, indicate u	limate ow <b>ner</b> .)	•
Name of parent corporation	Street address City	State	ZIP code

	Manufacturing	Services	Finance, Insurance, Real Estate
	Retail Trade	O Wholesale Trade	□ Construction □ Other (please specify)
18. Did the recipient	relocate as a result of	signing this agreement?	(Mark une.)
□ Yes (Indicate city a ▷ No (Go to Question	nd state of previous a . 19.)	nddress and reason recip •	pient did not complete this project at that address.)
City/State of previous	address Reason pr	oject not completed at pr	evious address
19. Would the recipie financial assistanc	nt have remained in p e? (Mark one.)	previous location or reloc	cated elsewhere if not awarded this business subsidy or
🗡 Remained at p	previous location	Relocated to different N	Minnesota location 🛛 Relocated outside Minnesota
		out the Agreement	
and 25 - and indic	of business subsidy o separate by type - se cate only principal at	e Questions 24	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 250,0	ŝ		May 31, 1995
23. Does the agreemen be reported? (Mar	nt provide a business k one.)	subsidy or one of the fou	IT types of financial assistance (see Question 25) required to
24. If the agreement pro			. If the assistance was one of the four types of financial
indicate the type(s).			assistance, please indicate the type(s).
a not applicable, agree	ment provided financ	ial assistance 🕺 🕺 r	not applicable, agreement provided a business subsidy
] loan	loan)		assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost
I tax abatement I TIF or other tax redu I guarantee of paymen	t		assistance for pollution control or abatement assistance for a TIF soils condition district
1 tax abatement 1 TIF or other tax redu 1 guarantee of paymen 1 contribution of prope	t erty or infrastructure		
1 fax abatement 2 TIF or other tax redu 2 guarantee of paymen 2 contribution of prope 2 preferential use of go 2 land contribution	t erty or infrastructure overnmental facilities		
<ol> <li>ax abatement</li> <li>TIF or other tax reduing guarantee of paymen</li> <li>contribution of properior preferential use of good land contribution</li> <li>other (Specify subsidition</li> <li>a) If the assistance income</li> </ol>	t erty or infrastructure overnmental facilities y type.)	financing, please 27.	
<ol> <li>ax abatement</li> <li>TIF or other tax redu</li> <li>guarantee of paymen</li> <li>contribution of prope</li> <li>preferential use of go</li> <li>land contribution</li> <li>other (Specify subsid)</li> <li>If the assistance inc indicate the type of</li> <li>not applicable, assista</li> </ol>	t erty or infrastructure overnmental facilities y <i>type.)</i> cluded tax increment : TIF district? (Mark o	financing, please 27. one.)	Are any other grantors providing a business subsidy or
<ol> <li>ax abatement</li> <li>TIF or other tax redu</li> <li>guarantee of paymen</li> <li>contribution of prope</li> <li>preferential use of go</li> <li>land contribution</li> <li>other (Specify subsidy</li> <li>6. If the assistance inc indicate the type of</li> <li>not applicable, assista</li> <li>redevelopment</li> <li>renewal and renovatio</li> </ol>	t erty or infrastructure overnmental facilities y type.) cluded tax increment : 'TIF district? (Mark of ance was not in the fo	financing, please 27. one.)	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.)
<ul> <li>1 tax abatement</li> <li>1 TIF or other tax redu</li> <li>2 guarantee of paymen</li> <li>2 contribution of prope</li> <li>2 preferential use of go</li> <li>2 land contribution</li> <li>3 other (Specify subsid)</li> <li>6. If the assistance inc indicate the type of</li> <li>4 not applicable, assistante</li> <li>4 redevelopment</li> <li>4 renewal and renovation</li> <li>4 soils condition</li> <li>4 economic development</li> </ul>	t erty or infrastructure overnmental facilities y type.) cluded tax increment : 'TIF district? (Mark of ance was not in the fo on	financing, please 27. one.) form of TIF	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.)
<ul> <li>a tax abatement</li> <li>TIF or other tax reduing guarantee of paymen</li> <li>contribution of properior preferential use of good land contribution</li> <li>other (Specify subsidy)</li> <li>6. If the assistance incomplicate the type of</li> <li>not applicable, assistance</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground spectrum</li> </ul>	t erty or infrastructure overnmental facilities y type.) cluded tax increment : TIF district? (Mark of ance was not in the for on nt pace	financing, please 27. one.) form of TIF	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 antor(s) and value of the agreement(s):
<ul> <li>grant (i.e., forgivable</li> <li>grant (i.e., forgivable</li> <li>tax abatement</li> <li>TIF or other tax redu</li> <li>guarantee of paymen</li> <li>contribution of prope</li> <li>preferential use of go</li> <li>land contribution</li> <li>other (Specify subsidy</li> <li>6. If the assistance inc indicate the type of</li> <li>not applicable, assista</li> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>economic development</li> <li>mined underground sp</li> <li>hazardous substance sp</li> </ul>	t erty or infrastructure overnmental facilities y type.) cluded tax increment : TIF district? (Mark of ance was not in the for on nt pace	financing, please 27. one.) form of TIF	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

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

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

# Trial Balance

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#### For Fund Joola M to M.

For the Filed Period 2001 of Engline pMay 34, 2004

E CONOMIC DEVELOR	MEN CHURD (15)	Be jinning B.	มัสษณะ	Thir actio	5 <b>0</b> 5	Ending Bul	0.109
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11-000-11003	MOMEY MARKET ACCOUNT	111137.07		1 86 62	0.00	1/4,423.69	
1 00-140m	PETERUE UP MARY ACCOUNT	, i (+)		(a.)	0 00	0.00	
1-000-1407	IDIA" PSEELS	0.0		т - т <b>с</b>	0 00	0.00	·
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	Totals	1/1.137.07	<u>)</u> 5 199,96	1 186.62	3.23 <b>6.</b> 52	()-) 17 <b>1.42</b> 1.63	DE 396.58

the Indicates the balance for the note harmount, drouble credit and is debit or should be debit and is credit

Sec. C. Group

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



# 2001 Minnesota Business Assistance Form RECEIVED JUN

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

1. Name of grantor (funding en CITY OF ROGE		2. Name of person completing this form GARY EITEL, CITY ADMINISTRATOR			
3. Street address 12913 MAIN STA	REET	4. City ROGERS	5. ZIP code 55374	,	
6. County HENNEPIN	7. Phone number 763-428-2253	8. Fax number 763-428-4470	9. E-mail addr	ess	
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	e person in Questi	ion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	<ol> <li>Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> </ol>			
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date -6/13/20 and <u>attach criteria</u> ) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)			
through December 31, 2000	ed any agreements to award a bus 0 that is required to be reported u lete the remainder of the form.)		§116J.994? (Mar		
Section 2 Information Ab	out Recipient				
14. Name of business or organi receiving subsidy or financ ROGERS ASSOCIA 7841 WAYZATT MINNETROLIS, M	ial assistance TES LLP 4 BLVD	15. Address where business su will be used RDGERS 12999 WILFRED LANE, Street address City	INDUSTRIAL	Park	
16. Does the recipient have a p					
□ Yes (Indicate name and addr WN0 NOT THAT WE,	ress of parent corporation below. ARE AWARE OF	If more than one, indicate ultin	tate owner.)		
Name of parent corporation	· · · · · · · · · · · · · · · · · · ·	Street address City	State	ZIP code	

#### Section 1 Information About Grantor

Department of Trade and Economic Development

6 2001

	ne.):		
Manufacturing     Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please spectrum)</li> </ul>	DISTRIBUTIO
18. Did the recipient relocate as a result of s	signing this agreement?	(Mark one.)	·
□ Yes (Indicate city and state of previous at ■No (Go to Question 19.)	d <b>ress and reason recipi</b>	ent did not complete this project at that ac	ldress.)
City/State of previous address Reason pro	ject not completed at pro	evious address	
19. Would the recipient have remained in pr financial assistance? (Mark one.)	revious location or reloc	ated elsewhere if not awarded this busines	s subsidy or
Remained at previous location	· · · · · · · · · · · · · · · · · · ·	Minnesota location	e Minnesota
ection 3 General Information Abo	out the Agreement	· · · · · · · · · · · · · · · · · · ·	
20. Total dollar value of business subsidy o assistance (Please separate value by typ and 25.) #1,060,000 MAXIMUM	e in Questions 24	Date agreement signed (In addition to the date, indicate any dates the agreement of JUNE 13, 2000	he agreement was amended.)
23. Does the agreement provide a business s be reported? (Mark one.)	ished, equipment was pla D - Go [5] PA subsidy or one of the fou	aced into service, or the recipient occupied MENT SCHEDULED For A	the property,
24. If the agreement provided a business sub-	<u> </u>	If the assistance was one of the four type	es of financial
indicate the type(s) and total dollar value		assistance, please indicate the type(s).	
not applicable, agreement provided financ	ial assistance	not applicable, agreement provided a busi	ness subsidy
□ loan (only principal) □ grant (i.c., forgivable loan)		assistance for property polluted by contaminants	\$
□ tax abatement TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ contribution of property or infrastructure	s s	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	S
□ preferential use of governmental facilities □ land contribution		assistance for pollution control or	
	<u>ه</u> د		s
	S	abatement assistance for a TIF soils condition distric	s t s
□ other (Specify subsidy type.)	S financing, please 27	abatement	ness subsidy or
<ul> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment is indicate the type of TIF district? (Mark of the type of TIF district?)</li> </ul>	financing, please 27	abatement assistance for a TIF soils condition distric . Are any other grantors providing a busin financial assistance to the same project? Yes (Specify each grantor and the value of	ness subsidy or (Mark one.) of their
<ul> <li>other (Specify subsidy type.)</li> <li>If the assistance included tax increment indicate the type of TIF district? (Mark a</li> <li>not applicable, assistance was not in the for redevelopment</li> <li>renewal and renovation</li> </ul>	financing, please 27 one.)	abatement assistance for a TIF soils condition distric . Are any other grantors providing a busin financial assistance to the same project?	ness subsidy or (Mark one.) If their
<ul> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment is</li> </ul>	financing, please 27 one.) orm of TIF	abatement assistance for a TIF soils condition distric . Are any other grantors providing a busin financial assistance to the same project? Yes (Specify each grantor and the value of assistance below; attach an additional sho	ness subsidy or (Mark one.) of their
<ul> <li>other (Specify subsidy type.)</li> <li>26. If the assistance included tax increment is indicate the type of TIF district? (Mark of a not applicable, assistance was not in the formation redevelopment</li> <li>redevelopment</li> <li>soils condition</li> <li>Seconomic development</li> </ul>	financing, please 27 one.) orm of TIF	abatement assistance for a TIF soils condition distric . Are any other grantors providing a busin financial assistance to the same project? Yes (Specify each grantor and the value of assistance below; attach an additional sho No	ness subsidy or (Mark one.) If their

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			nancial assistance agreement nt? (Mark all that apply.)	nts state a public p	urpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the communit	growth		Increasing tax base (c. Other (please specify)		
). Indicate whether the ag	reement include		s of goals, and whether the	recipient had attai	ned those goals
at the time of this repor	t. (Fill in the bo	ixes and attainment i			
				get attainment (month & year)	All goals attained?
) Specific wage and job go			Yes INo		🛛 Yes 🗆 No
) Other job-creation and/o: ) Other wage goals	r retention goals				□Yes □No □Yes □No
) Other goals other than w	age and job goa	ls			Yes No
Please attach descriptions tainment if not documente					
agreement and the avera	age hourly value	of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	<u> </u>				s
less than \$7.00					s
\$7.00 to \$8.99	25				s
					s
\$9.00 to \$10.99					
\$9.00 to \$10.99 \$11.00 to \$12.99				·	S
					s s
\$11.00 to \$12.99					
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hore	urly value of any	employer-provided	nber of <b>actual</b> jobs created health insurance for those tion into full- and part-time	jobs. <u>(Only</u> indica	s s nce the benefit
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hore	urly value of any	employer-provided	health insurance for those	jobs. <u>(Only</u> indica	s s nce the benefit
<ul> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>For each of the followidate and the actual hour full-time equivalents if</li> <li>Hourly Wage</li> </ul>	urly value of any you are unable Full-time Job	e employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Only</u> indica e positions.)	s s nce the benefit ate job creation in Hourly Value of
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### Section 5 Recipients Failing to Fulfill Obligations

The recipient was unable to fill vacant positions  O ther (Specify reason.)  37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)	(Do not complete this section if you completed it o	m another 2001 MBAF sub	omitted to DTED.)
recipient. Attach additional pages if necessary.)         No         Name of recipient       Type of subsidy or assistance (See Questions 24 and 25.)       Value of subsidy or assistance         34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) <ul> <li>Yes (Complete the remainder of this section.)</li> <li>No (Stop here and submit form to DTED.)</li> </ul> 35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)         35. Information on recipient and agreement:       Name of recipient in default         Name of recipient in default       Type of subsidy or assistance         Street address of recipient       City/ZIP code of recipient         36. Reason(s) for default (Mark all that apply.):       recipient relocated to a different community <ul> <li>recipient vas unable to fill vacant positions</li> <li>other (Specify reason.)</li> <li>To date, has the recipient thas begun to repay the assistance.</li> <li>No, recipient has begun to repay the assistance.</li> <li>No, recipient has need to extend the recipient's deadline for fulfilling its obligations? (Mark one.)</li> <li>Yes</li> <li>No</li> </ul>	<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>	1, 2000, did your organization h 994? (Mark one.)	ave any recipients who failed to
<ul> <li>34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) <ul> <li>Yes (Complete the remainder of this section.)</li> <li>Yes (Complete the remainder of this section.)</li> <li>No (Stop here and submit form to DTED.)</li> </ul> </li> <li>35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement: <ul> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Initial value of subsidy or assistance</li> </ul> </li> <li>Street address of recipient <ul> <li>City/ZIP code of recipient</li> <li>Outstanding value of subsidy or assistance</li> </ul> </li> <li>36. Reason(s) for default (Mark all that apply.): <ul> <li>recipient ceased operation</li> <li>recipient vas unable to fill vacant positions</li> <li>other (Specify reason.)</li> </ul> </li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes □No.</li> </ul>	Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or fina	ncial assistance awarded to that
<ul> <li>34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) <ul> <li>Yes (Complete the remainder of this section.)</li> <li>Yes (Complete the remainder of this section.)</li> <li>No (Stop here and submit form to DTED.)</li> </ul> </li> <li>35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)</li> <li>35. Information on recipient and agreement: <ul> <li>Name of recipient in default</li> <li>Type of subsidy or assistance</li> <li>Initial value of subsidy or assistance</li> </ul> </li> <li>Street address of recipient <ul> <li>City/ZIP code of recipient</li> <li>Outstanding value of subsidy or assistance</li> </ul> </li> <li>36. Reason(s) for default (Mark all that apply.): <ul> <li>recipient ceased operation</li> <li>recipient vas unable to fill vacant positions</li> <li>other (Specify reason.)</li> </ul> </li> <li>37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)</li> <li>Yes □No.</li> </ul>	No		
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	38. Has the agreement been amended to extend the recipient	t's deadline for fulfilling its oblig	gations? (Mark one.)
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		Yes 🗆 No	
	39. Describe the steps being taken to bring recipient into con	mpliance or recoup the subsidy:	

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

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

2001 Minnesota Business Assistance Form

Page 4 of 4

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



#### 1. Public Purpose

Determining whether to grant a business subsidy is an inherently inexact process that greatly depends on individual situations. This policy is a general statement of guidelines. The City in adopting this policy retains the sole and absolute discretion to deny or grant any subsidy request for any reason.

This policy and criteria is adopted by the City of Rogers (herein sometimes "City") in accordance with the Minnesota Business Subsidy Law ("Act"), Minnesota Statutes, Sections 116J.993 through 116J.995. Terms used in this policy are intended to have the same meanings as used in the Act. Subd. 1 of the Act states: "A business subsidy must meet a public purpose other than which may include but not be limited to increasing the tax base. Job retention may only be used as a public purpose in cases where job loss is imminent specific and demonstratable."

2. Business Subsidy and Community & Economic Development Tools

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

3. Community & Economic Development Goals & Objectives

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

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

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- A. Applicants must have the authority to incur debt and carry out the proposed project purpose within the City of Rogers.
- B. Applicants must be unable to finance the proposed project from their own resources or through commercial credit or other federal or state programs at reasonable rates and terms.
- C. Business subsidy must not result in any conflict of interest prohibited by law.
- D. Any delinquent debt to the federal, state or local government, by the applicant or any of its principals, shall cause the applicant to be ineligible to receive Business Subsidies in the City of Rogers.
- 7. General Limitations and Criteria for all Business Subsidy Projects
  - A. The following criteria will be considered for each Business Subsidy application:
    - (1) Is the proposed development in compliance with State law?
    - (2) Will the project increase the tax base, and if so, to what extent?
    - (3) Will new jobs be created, and if so, will these jobs constitute "head of household" opportunities?
    - (4) What level of quality will the facility reflect with respect to the materials used, size, and landscaping and general aesthetics?
    - (5) Do project projections show that the proposed project will be financially feasible?
    - (6) Are the proposed use(s) compatible with the City's comprehensive guide and zoning ordinance?
    - (7) What will the impact be on City public services?
  - B. Criteria: "But For" Test

A key indicator for the use of all business subsidies shall be the "but for" analysis that says the proposed development project would not occur "but for" the business subsidy assistance, i.e., Does it pass the "but for" test set forth in this Section? Therefore, the City will review each business subsidy application based on the following criteria:

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

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

1170487.RED V2 to V1; 05/31/00

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Affidavit of Publication

State of Minnesota County of Wright County of Hennepin

Notary

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

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

(B) The printed	City of Rogers	
Public	hearing - Adption of a Policy	
	for Granting Busines	ss Subsidies

which is attached was cut from the columns of said newspaper, and was printed and published once each week for \_2\_ successive weeks; it was first published on Monday, the \_22\_ day of \_\_May\_\_\_, 2000, and was thereafter printed and published on every Monday to and including Monday, the \_29\_ day of \_\_May\_, 2000; and printed below is a copy of the lower case alphabet from A to Z, both inclusive, which is hereby acknowledged as being the size and kind of type used in the composition and publication of the notice:

abcdefghijklmnopgrstuvwxyz PEGGY J. BAKKEN Notary Public Minnesota My Commission Expires Jan. 31, 2005 Bruce Treichler ne: Publisher and sworn to before me on this 29day of \_\_\_\_\_, 2000

### ROGERS

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

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

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

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

#### AGENDA

#### **ROGERS CITY COUNCIL**

June 27, 2000 7:30 p.m.

#### 1. CALL TO ORDER.

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

# 6-13-00 MINUTES

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

#### APPROVAL OF MINUTES

Councilmember Hawkins moved, Councilmember Stanley seconded a motion to approve the minutes of the May 23, 2000 City Council meeting. On the vote, all members voted AYE. <u>Motion carried.</u>

#### <u>SET AGENDA</u>

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

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

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

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

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

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

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

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

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No formal action was taken.

#### PLANNING COMMISSION REPORT

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

• Items Related to the Walter Dehn Commerce Center:

• Request by Marquette State Bank for Site Plan Approval Gary provided an overhead of the revised site plan.

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

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

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

# • Approval of the Revised Master General Development Plan

Councilmember Stanley moved, Councilmember VonBank seconded a motion to approve the revised master development plan for Walter Dehn Commerce Center. On the vote, all members voted AYE. <u>Motion carried</u>.

### • Final Plat Approval of Walter Dehn Commerce Center 2<sup>nd</sup> Addition

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

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

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

Gary explained the Environmental Assessment Worksheet.

Councilmember Miller moved, Councilmember Hawkins, seconded a motion authorizing the processing of the Environmental Assessment Worksheet for Rogers Distribution Center II. On the vote, all members voted AYE. <u>Motion carried</u>.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Administrator Eitel provided the background information of the changes in legislation that formal criteria must be adopted for granting business subsidies. Eitel stated that Steve Mattson from Juran & Moody, Mary Ipple from Briggs & Morgan, Walt Hartman from MEDN, and Bob Dieke, TIF legal counsel, have all reviewed the proposed policy and criteria. Mayor Scharber opened the meeting for public hearing at 8:21 p.m.

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

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

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

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

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

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

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

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

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

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

# **ENGINEER'S REPORT:**

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

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

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

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

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1999 Minnesota Business (Please return by April	WINNESOTA
Please complete lines 1 through 16 for all agreements.	RECEIVED JUN S 2001 Development
1. Funding government agency name	2. Contact name
CITY OF ROBERS	GARY EITEL, CITY ADMINISTRATO
3. Agency street address	4. City
12913 MAIN STREET	Rogers
5. Zip code         6. Phone number (area code)           55374         763-428-2253           7. Fax number (area code)	8. Type of government agencyCityCountyRegionalState
763-428-4470	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
GRACO INC.	MANUFACTURING
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
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\$12.00 and higher	\$12.00 and higher
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.
lease 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
6-12-98	6-6-01
	o not submit future forms for this project. ease submit the 2000 Minnesota Business Assistance Form.

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This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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)

(Please recurs by April 1, 1999)         Example 16 for all agreements.         RECEIVED JUN 6 2001         Example 16 for all agreements.         RECEIVED JUN 6 2001         Connect name         Connect name <t< th=""><th>1999 Minn</th><th>esota Business</th><th>Assistance Form</th><th>WINNESOTA</th></t<>	1999 Minn	esota Business	Assistance Form	WINNESOTA
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agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public junas or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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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agreements signed during 1998 and future years, please complete lines 21 through 24.         17. Job creation goals for business receiving assistance         19. Actual jobs created ence business received assistance         20. Actual average hourly wage paid to employees hired since business receiving assistance:         20. Actual average hourly wage paid to employees hired since business receiving assistance:         20. Actual average hourly wage paid to employees hired since business receiving assistance:         20. Actual average hourly wage paid to employees hired since business receiving assistance:         20. Actual average hourly wage paid to employees hired since business receiving assistance:         20. Actual average hourly wage paid to employees hired since business received assistance         20. Actual average hourly wage paid to employees hired since business received assistance         20. Actual average hourly wage paid to employees hired since business received assistance         20. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)         21. Job Creation       Hourly Wage         22. Hourly Value       23. Job Creation         Level       of Voluntary         Full-time Part-time (excl. benefits)       Benefits (\$)	. Fax to	651-215-3841		REIN
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assistance agreement T-24-98 <sup>th</sup> provided DEC       machinery/etc.) was placed in service       assistance #600,000         For assistance agreements signed during 1998 and future years, please complete lines 17 through 20. For greements of and future years, please complete lines 17 through 20. For greements of and future years, please complete lines 17 through 20. For greements of and future years, please complete lines 12 through 24.         19. Actual jobs created enfore business receiving assistance       18. Average hourly wage level goals for business receiving assistance         19. Actual jobs created enfore business receiving assistance       20. Actual average hourly wage paid to exaployees hired since business meetived assistance         Goals of business receiving assistance: (Please indicate corresponding benefit level.)       21. Job Creation         21. Job Creation       Hourly Wage         22. Hourly Value       23. Job Creation         4. Level       of Voluntary         Full-time       Part-time (excl. benefits)         Benefits (5)       less than \$7.00         5. 7.00 to \$7.99       \$7.00 to \$11.99         5. 10.00 to \$11.99       \$12.00 and higher         If necessary, please attach additional documentation.       If necessary, please attach additional documentation.         If necessary, please attach additional documentation.       26. Date this Minnesota Business Assistance Form completed 6/26/01	TIF	:	TIF.1 COD RED	EVELOPMENT
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or assistance agreements signed between July 1, 1995 and Becember 31, 1997, complete lines 17 through 20. For greements 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 ence business receiving assistance       20. Actual average hourly wage paid to esaployces hired since business receiving assistance         19. Actual jobs created ence business receiving assistance       20. Actual average hourly wage paid to esaployces hired since business receiving assistance         19. Actual jobs created ence business receiving assistance:       20. Actual average hourly wage paid to esaployces hired since business receiving assistance         19. Actual jobs created ence business receiving assistance:       20. Actual average hourly wage paid to esaployces hired since business receiving assistance         19. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)       21. Job Creation         21. Job Creation       Hourty Wage       22. Hourty Value         23. Job Creation       Hourty Wage       24. Hourty Value         24. Hourty Value       Level       of Voluntary         Full-time Part-time (excl. benefits)       Benefits (\$)       Full-time Part-time (excl. benefits)         25. 00 to \$7.99       \$10.00 to \$11.99       \$10.00 to \$11.99       \$12.00 and higher<	-		• •	
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number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	greements signed during 199	8 and future years, please comp	lete lines 21 through 24.	
Level       of Voluntary         Full-time       Part-time       (excl. benefits)       Benefits (\$)         less than \$7.00	greements signed during 199. 17. Job creation goals for busing	8 and future years, please comp ness receiving assistance	blete lines 21 through 24. 18 Average hourly wage level assistance 20. Actual average hourly wag	goals for business receiving c paid to employees hired since
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.         If necessary, please attach additional documentation.       If necessary, please attach additional documentation.         Isase complete lines 25 through 27 for all agreements.       26. Date this Minnesota Business Assistance Form completed         JUNE       2000	greements signed during 199 17. Job creation goals for busin 19. Actual jobs created since b Goals of business receiving ass number of employees at each to	8 and future years, please comp ness receiving assistance usiness received assistance sistance: (Please indicate	assistance         20. Actual average hourly wage level         assistance         20. Actual average hourly wage business received assistance         Actual performance since projection         Actual performance since projection         and performance since projection         and performance since projection	goals for business receiving e paid to employees hired since e ect placed in service: (Please at each wage level and indicate
S7.00 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.         Ilease complete lines 25 through 27 for all agreements.       26. Date this Minnesota Business Assistance Form completed         JUNE       2000	greements signed during 199 17. Job creation goals for busin 19. Actual jobs created since b Goals of business receiving as number of employees at each v corresponding benefit level.) 21. Job Creation Ho	8 and future years, please comp ness receiving assistance usiness received assistance sistance: (Please indicate wage level and indicate the urty Wage 22. Hourly Value	assistance         20. Actual average hourly wage level         assistance         20. Actual average hourly wage         business received assistance         Actual performance since project         indicate number of employees         the corresponding benefit level         23. Job Creation	goals for business receiving c paid to esuployees hired since c pa
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If necessary, please attach additional documentation.       If necessary, please attach additional documentation.         lease complete lines 25 through 27 for all agreements.       25. Last date actual wage and job creation levels documented         ZUNE       2000       26. Date this Minnesota Business Assistance Form completed	greements signed during 199 17. Job creation goals for busin 19. Actual jobs created since b Goals of business receiving ass number of employees at each to corresponding benefit level.) 21. Job Creation Hou Full-time Part-time (exc less \$7.0 \$8.0	8 and future years, please complexity incomplexity i	assistance         20. Actual average hourly wage level assistance         20. Actual average hourly wage business received assistance         Actual performance since projetindicate number of employees the corresponding benefit level         23. Job Creation         Hour Full-time         Part-time         (exc	goals for business receiving e paid to employees hired since e e e e e t each wage level and indicate ) mly Wage 24. Hourly Value Level of Voluntary 1. benefits) Benefits (\$) than \$7.00 0 to \$7.99
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25. Last date actual wage and job creation levels documented JUNE 2000 26. Date this Minnesota Business Assistance Form completed 66401	greements signed during 199 17. Job creation goals for busin 19. Actual jobs created ance b Goals of business receiving ass number of employees at each to corresponding benefit level.) 21. Job Creation Hot Full-time Part-time (exc 	8 and future years, please complexity inclusion receiving assistance         ness receiving assistance         usiness received assistance         sistance: (Please indicate         wage level and indicate the         urity Wage       22. Hourly Value         Level       of Voluntary         L benefits)       Benefits (\$)         than \$7.00	ablete lines 21 through 24.         18: Average hourly wage level assistance         20. Actual average hourly wage business received assistance         20. Actual average hourly wage business received assistance         Actual performance since projeindicate number of employees the corresponding benefit level         23. Job Creation       Hourly	goals for business receiving c paid to esaployees hired since e ect placed in service: (Please at each wage level and indicate ) rrhy Wage 24. Hourly Value Level of Voluntary I. benefits) Benefits (\$) than \$7.00 0 to \$7.99 0 to \$9.99 00 to \$11.99 00 and higher
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27. Have all wage and job goals been achieved?	greements signed during 199 17. Job creation goals for busin 19. Actual jobs created since b Goals of business receiving ass number of employees at each to corresponding benefit level.) 21. Job Creation Hou Full-time Part-time (exc 	8 and future years, please complexity inclusion receiving assistance         inclusion receiving assistance         usiness received assistance         sistance: (Please indicate wage level and indicate the         urity Wage       22. Hourly Value         Level       of Voluntary         L benefits)       Benefits (\$)         than \$7.00	18: Average hourly wage level assistance         20. Actual average hourly wage business received assistance         20. Actual average hourly wage business received assistance         20. Actual average hourly wage business received assistance         20. Actual performance since projetindicate number of employees the corresponding benefit level         23. Job Creation         Hour         Full-time         Part-time         (exc	goals for business receiving c paid to esaployees hired since e ect placed in service: (Please at each wage level and indicate ) rhy Wage 24. Hourly Value Level of Voluntary 1. benefits) Benefits (\$) than \$7.00
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	(Please return by April .		Fconomic
Please complete lines 1 throug 1. Funding government agency		ECEIVED JUN 6	2001 Development
CITY OF RO		GARY EITEL,	CITY ADMINISTRA
3. Agency street address 12913 MAIN S	STREET	4. City RDGERS	
5. Zip code 55374	6. Phone number (area code) 763-428-2253 7. Fax number (area code)	8. Type of government agency	
	763-428-4470	Other (Please indicate)	
9. Name of business receiving RYAN COMPANII		10. Industry of recipient (SIC MANUFACTUR)	
11. Type of assistance (e.g. loan TIF - PAY_AS-		12. Name of TIF district (if ap TIF-9 "DEPT	
13. Date of business assistance agreement 4-15-99	14. Date assistance first provided 12 TIF PmT		16. Dollar value of business assistance
For assistance agreements sign agreements signed during 1998 17. Job creation goals for busin	and future years, please com	· · · ·	
19. Actual jobs created since by	isiness received assistance	20. Actual average hourty way business needed assistant	re-paid to employees hired since
Goals of business receiving ass number of employees at each w corresponding benefit level.)	•	Actual performance since proj indicate number of employees the corresponding benefit leve	at each wage level and indicate
Full-time Part-time (excl	rly Wage 22. Hourly Valu Level of Voiuntary benefits) Benefits (\$)	Full-time Part-time (ex	urly Wage 24. Hourly Value Level of Voluntary cl. benefits (\$)
\$7.0	ban \$7.00        D to \$7.99        D to \$9.99	\$7.	than \$7.00            D0 to \$7.99            00 to \$9.99
\$10.	00 to \$11.99	\$10	0.00 to \$11.99
If necessary, please attach addi	00 and higher	If necessary, please attach add	tional documentation.
	b 27 for all agreements.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·

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This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.



# 2000 Minnesota Business Assistance Form

RECEIVED JUN 6 2001

4. UU D

TIF-1 GRAYE

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

1. Name of grantor (funding entity) CITY OF KOGERS	2. Name of person completing GARY EITEL	this form ADMINISTRATOR
3. Street address 12913 MAIN STREET	4. City ROGERS	5. ZIP code 55374
6. County HENNEPIN 763-428-2253	8. Fax number 763-428-4470	9. E-mail address
10. Please indicate who in your organization should receive the	2001 MBAF if different from the	person in Question 2
Mame/Title Phone number	Street address	City ZIP offe
11. Classification of grantor (Mark one. If grantor is entity created by govt agency, please indicate affiliation. For example, a city EDA would check "City government.")	<ol> <li>Has your organization held adopted criteria for awardin compliance with Minn. State</li> </ol>	ng business subsidies in
City government County government Regional government State government Other ( <i>Please specify.</i> )	Yes (Indicate hearing date - No We held a public hearing but criteria (Indicate date of init Other (Please attach explana	have not yet adopted tial hearing
<ul> <li>Has your organization signed any agreements to award a bus through December 31, 1999 that is required to be reported using Yes (Complete the remainder of the form.)</li> </ul>		116J.994? (Mark one.)
Section 2 Information About Recipient		
14. Name of business or organization receiving subsidy or financial assistance RYAN COMPANIES US, INC.	15. Address where business sub will be used Lot 1, bl 13251 <u>GEORGE WEBBE</u> Street address	KI, ROG IND. PK, 7th ADD. ROSERS
16. Does the recipient have a parent corporation? (Mark one.)		
U Yes (Indicate name and address of parent corporation below. No	If more than one, indicate ultimat	e owner.)
Name of parent corporation	Street address City	State ZIP code

Section 1 Information About Grantor

2000 Minnesota Business Assistance Form

17. Industry of recipient's facility (Mark one.):			······································	WAREHOUSE -
	ervices Vholesale Trade	C Finance, Insuran	ce, Real Estate XOther (please :	DISTRIBUTION
18. Did the recipient relocate as a result of signing	g this agreement?	(Mark one.)		
Yes (Indicate city and state of previous address O No (Go to Question 19.)	and reason recip	ient did not complete th	us project at that	address.)
City/State of previous address Reason project no	ot completed at pr	OUT GRO	WN EXIS	TING SPACE
19. Would the recipient have remained in previou financial assistance? (Mark one.)	s location or reloc	cated elsewhere if not av	warded this busine	ess subsidy or
C Remained at previous location Relocated to	different Minnes	sota location 🔾 Relo	cated outside Mi	nnesota
Section 3 General Information Abou	t the Agreen	nent		
20. Total dollar value of business subsidy or finan assistance (Please separate by type - see Quest	tions 24	21. Date agreement sig date, indicate any a		
and 25 - and indicate only principal amount ) # 750,000	or loans.)	9-1-99		
22. Benefit date (Indicate the date the recipient windicate the date improvements were finished, en	quipment was pla	ced into service, or the	recipient oc <del>c</del> upie	d the property,
whichever is earlier.) AUGUST	2001	FIRST TIF	PAY/NEN	Т
23. Does the agreement provide a business subsidy be reported? (Mark one.)		ur types of financial assi I financial assistance	stance (see Quest	ion 25) required to
24. If the agreement provided a business subsidy, p indicate the type(s).	lease	25. If the assistance wa assistance, please in		
not applicable, agreement provided financial ass	istance	not applicable, agreen	ment provided a b	usiness subsidy
□ loan □ grant (i.e., forgivable loan) □ tax abatement ■ TIF or other tax reduction or deferral 75 □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type.)	0,000 (i	assistance for propert     assistance for renovat     to code, when 50% or     assistance for pollutic     assistance for a TIF se	ing building stoc r less of total cost on control or abab	k or bringing it up ement
26. If the assistance included tax increment financi indicate the type of TIF district? (Mark one.)	ing, please	27. Are any other grant financial assistance		÷
not applicable, assistance was not in the form of	TÍF (	Yes (Specify each gra assistance below; atta		
a redevelopment	2	X No		
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>		Grantor(s) and value of	the agreement(s):	
La hazardous substance subdistrict		Grantor	Value (\$	)
		Grantor	Value (\$	)

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# Section 4 Goals and Public Purpose Identified in the Agreement

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Enhancing economic diversity     Creating high-quality job growth			Characteristic for the specify of the specific spec		
Job retention		Other (please specij	fy)		
Stabilizing the community			O Other (please speci		
<ol><li>Indicate whether the ag at the time of this report</li></ol>	recment include t. <i>(Fill in the be</i>	ed the following types oxes and attainment a	s of goals, and whether the date(s) for each goal.)	recipient had attain	ed those goals
			<b></b>	arget attainment tes (month & year)	All goals attained?
) Specific wage and job go	oals to be attained	ed within 2 years	Yes DNo		Yes No
) Other job-creation and/o			UYes XNo		□Yes □No
) Other wage goals	-		$\Box$ Yes $\Delta N_0$		🗆 Yes 🖸 No
) Other goals other than w	age and job goa	ls	OYes XNo _		🖸 Yes 🖸 No
Please attach descriptions trainment if not documente ). For each of the followin agreement and the aver	ng wage categor	0.) ies, indicate the job c	reation and/or retention g		Only indicate
job creation goals in fu	ll-time equivale	nts if you are unable	to separate goals by full-	and part-time position	ons.)
	Full-time	Part-time/	FTE (only if goals not		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no houriy wage-level goal	2		·		s
less than \$7.00	6				22
\$7.00 to \$8.99			·		S
\$9.00 to \$10.99					s
\$11.00 to \$12.99				<del></del>	٤
\$13.00 to \$14.99			·		S
\$15.00 and higher					\$
	rly value of any	employer-provided h	ber of actual jobs created pealth insurance for those ion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation	jobs. (Only indicate	
less than \$7.00					S
\$7,00 to \$8.99					s
\$9.00 to \$10.99		·			\$
\$11.00 to \$12.99	·		<u> </u>		\$
\$13.00 to \$14.99					5

2000 Minnesota Business Assistance Form

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<ol> <li>During the period August required by Minn. Stat. §116</li> </ol>	1 through December 31, 6J.993 and §116J.994? (2)	1999, did your organization have any Mark one.)	recipients who failed to report as
□ Yes (Indicate the name of e recipient. Attach additio		port and the value of subsidy or finan	cial assistance awarded to that
Z No			•
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or af	ter August 1, 1999, that v	ed to achieve any goals or fulfill any or vere required to be fulfilled by the time section.) No (Stop here and su	of this report? (Mark one.)
were to be attained by	y the time of reporting. (	cipient failing to fulfill goals or any oth Attach additional pages if necessary.)	her terms of an agreement that
35. Information on recipient a	nd agreement:		:
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
	rk all that apply.):	City/ZIP code of recipient	•
36. Reason(s) for default (Man		City/ZIP code of recipient recipient relocated to a differ other (Specify reason.)	subsidy or assistance
36. Reason(s) for default (Mar recipient ceased operation recipient was unable to fill v	vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	subsidy or assistance
<ul> <li>36. Reason(s) for default (Man</li> <li>a recipient ceased operation</li> <li>b recipient was unable to fill was a stated operation</li> <li>37. To date, has the recipient in the recip</li></ul>	vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> <li>ligation? (Mark one.)</li> </ul>	subsidy or assistance
<ul> <li>36. Reason(s) for default (Man</li> <li>a recipient ceased operation</li> <li>b recipient was unable to fill was a subset of fill was a subset of the recipient of the subset of the recipient of the subset of the subse</li></ul>	vacant positions fulfilled its repayment obj begun to repay the assista	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> <li>ligation? (Mark one.)</li> </ul>	subsidy or assistance ent community to repay the assistance.
<ul> <li>36. Reason(s) for default (Man</li> <li>a recipient ceased operation</li> <li>c recipient was unable to fill v</li> <li>37. To date, has the recipient in</li> <li>a Yes</li> <li>No, recipient has</li> </ul>	vacant positions fulfilled its repayment obj begun to repay the assista	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> <li>ligation? (Mark one.)</li> <li>nce. </li> <li>No, recipient has not begun</li> </ul>	subsidy or assistance ent community to repay the assistance.
<ul> <li>36. Reason(s) for default (Man</li> <li>a recipient ceased operation</li> <li>b recipient was unable to fill was a state recipient in the state of the s</li></ul>	fulfilled its repayment ob begun to repay the assistanended to extend the reci No	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> <li>ligation? (Mark one.)</li> <li>nce. </li> <li>No, recipient has not begun</li> </ul>	subsidy or assistance ent community to repay the assistance.
<ul> <li>36. Reason(s) for default (Max</li> <li>a recipient ceased operation</li> <li>c recipient was unable to fill was</li> <li>37. To date, has the recipient in the second s</li></ul>	fulfilled its repayment ob begun to repay the assistanended to extend the reci No	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> <li>ligation? (Mark one.)</li> <li>nce. <ul> <li>No, recipient has not begun</li> <li>pient s deadline for fulfilling its obligation</li> </ul> </li></ul>	subsidy or assistance ent community to repay the assistance.
<ol> <li>Has the agreement been an</li> <li>Yes</li> </ol>	fulfilled its repayment ob begun to repay the assistanended to extend the reci No	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> <li>ligation? (Mark one.)</li> <li>nce. <ul> <li>No, recipient has not begun</li> <li>pient s deadline for fulfilling its obligation</li> </ul> </li></ul>	subsidy or assistance ent community to repay the assistance.

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

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

2000 Minnesota Business Assistance Form



# 2001 Minnesota Business Assistance Form

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- RECEIVED JUN 6 2001
- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity) CITY OF ROGERS	2. Name of person completing this form GARY EITEL				
3. Street address 12913 MAIN STREET	4. City RDGERS	5. ZIP code 55374			
6. County HENNEPIN 763-428-2253	8. Fax number 763-428-4470	9. E-mail address			
10. Please indicate who in your organization should receive the	2002 MBAE it different from the				
Name Title Phone number	Street address	City ZIP code			
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>A City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	<ul> <li>12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> <li>Xes (Indicate hearing date - 613 and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>				
<ul> <li>13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)</li> <li>Xes (Complete the remainder of the form.)</li></ul>					
Section 2 Information About Recipient	· · · · · · · · · · · · · · · · · · ·				
14. Name of business or organization receiving subsidy or financial assistance ML LIMITED PARTNERSHIP	15. Address where business sub will be used <u>22000</u>  NDUSTRIAL BLI Street address City	55374			

#### Section 1 Information About Grantor

	L	 
16. Does the recipient have a parent corporation? (Mark one.)		

Q Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) **X**No

	-		_	
Name	of	parent	COID	oration

Street address

Street address

State

ZIP code

City

City

TIF-6 ULTRA

	те.):		• • • • • • • • • • • • • • • • • • •
Manufacturing Retail Trade	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance</li> <li>Construction</li> </ul>	e, Real Estate ) Other (please specify)
8. Did the recipient relocate as a result of	signing this agreement?	Mark one.)	
Yes (Indicate city and state of previous a No (Go to Question 19.)	ddress and reason recipi	ent did not complete thi	s project at that address.)
ity/State of previous address Reason pro	ject not completed at pro	vious address	
9. Would the recipient have remained in pr financial assistance? (Mark one.)	revious location or reloc	ated elsewhere if not aw	arded this business subsidy or
C Remained at previous location	Relocated to different l	Ainnesota location C	Relocated outside Minnesota
ction 3 General Information Abo	out the Agreement		
<ul> <li>Total dollar value of business subsidy of assistance (Please separate value by typ and 25.)</li> <li>A Q Q Q Q</li> </ul>			d (In addition to the agreement es the agreement was amended.)
indicate the date improvements were fin. whichever is earlier.)	31/00	· .	
be reported? (Mark one.)	absidy of one of the fou	rtypes of financial assis	unce (see Question 25) required
	business subsidy	inancial assistance	
<u> </u>	sidy, please 25	· · · · · · · · · · · · · · · · · · ·	ne of the four types of financial cate the type(s).
<ol> <li>If the agreement provided a business sub- indicate the type(s) and total dollar value</li> </ol>	sidy, please 25 ue for each type.	. If the assistance was c assistance, please indi	÷ •
4. If the agreement provided a business sub- indicate the type(s) and total dollar value of not applicable, agreement provided financ loan (only principal) grant (i.c., forgivable loan)	sidy, please 25 ue for each type. ial assistance <b>S D</b>	. If the assistance was c assistance, please indi not applicable, agreeme assistance for property p by contaminants	cate the type(s). Int provided a business subsidy polluted <b>S</b>
<ul> <li>4. If the agreement provided a business sub- indicate the type(s) and total dollar values of type(s) and total dollar values of the type(s) and total dollar values of type(s) and total dollar values of the type(s) and total dollar values of the type(s) and total dollar values of the type(s) and total dollar values of type(s) and ty</li></ul>	sidy, please 25 ue for each type. ial assistance 5 S 0 S 0 S 0	. If the assistance was or assistance, please indition to applicable, agreeme assistance for property	cate the type(s). Int provided a business subsidy polluted S g building S o code, and
<ul> <li>4. If the agreement provided a business sub- indicate the type(s) and total dollar values of a policable, agreement provided finance</li> <li>a) loan (only principal)</li> <li>b) grant (i.e., forgivable loan)</li> <li>b) tax abatement</li> <li>c) TIF or other tax reduction or deferral</li> <li>c) guarantee of payment</li> <li>c) contribution of property or infrastructure</li> <li>c) preferential use of governmental facilities</li> </ul>	sidy, please     25       ue for each type.     25       ial assistance     25       S     25	If the assistance was c assistance, please indi hot applicable, agreeme assistance for property p by contaminants assistance for renovatin stock or bringing it up t assistance provided for historic preservation di 50% or less of total cost	cate the type(s). nt provided a business subsidy polluted S g building S o code, and designated stricts, when
4. If the agreement provided a business sub- indicate the type(s) and total dollar value not applicable, agreement provided finance loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution	sidy, please     25       ue for each type.     25       ial assistance     25       S     25	If the assistance was c assistance, please indi not applicable, agreeme assistance for property p by contaminants assistance for renovatin stock or bringing it up t assistance provided for historic preservation di 50% or less of total cost assistance for pollution abatement	cate the type(s). nt provided a business subsidy polluted S g building S g building S code, and designated stricts, when control or S
4. If the agreement provided a business sub- indicate the type(s) and total dollar value not applicable, agreement provided financ loan (only principal) grant (i.e., forgivable loan) tax abatement (TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution	sidy, please     25       ue for each type.     25       ial assistance     25       S     25	If the assistance was c assistance, please indi not applicable, agreeme assistance for property p by contaminants assistance for renovatin stock or bringing it up t assistance provided for historic preservation di 50% or less of total cost assistance for pollution	cate the type(s). nt provided a business subsidy polluted S g building S g building S code, and designated stricts, when control or S
<ul> <li>4. If the agreement provided a business sub- indicate the type(s) and total dollar values.</li> <li>a not applicable, agreement provided finance.</li> <li>a loan (only principal)</li> <li>b grant (i.e., forgivable loan)</li> <li>b tax abatement.</li> <li>(TIF or other tax reduction or deferral aguarantee of payment.</li> <li>contribution of property or infrastructure preferential use of governmental facilities.</li> <li>a land contribution.</li> <li>b other (Specify subsidy type.)</li> </ul>	sidy, please 25 ue for each type. ial assistance 25 S 0 S	If the assistance was of assistance, please indi not applicable, agreeme assistance for property p by contaminants assistance for renovatin stock or bringing it up t assistance provided for historic preservation di 50% or less of total cost assistance for pollution abatement assistance for a TIF soil Are any other grantor	cate the type(s). nt provided a business subsidy polluted S g building S g building S code, and designated stricts, when control or S
<ul> <li>4. If the agreement provided a business sub-indicate the type(s) and total dollar values indicate the type of TIF district? (Mark c)</li> </ul>	sidy, please 25 ue for each type. ial assistance 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<ul> <li>If the assistance was of assistance, please indiants assistance, please indiants assistance for property ply contaminants assistance for renovatin stock or bringing it up the assistance provided for historic preservation di 50% or less of total cost assistance for pollution abatement assistance for a TIF soil</li> <li>Are any other grantor financial assistance to grant assistance to gra</li></ul>	cate the type(s). nt provided a business subsidy polluted S g building S g building S g building S code, and designated stricts, when control or S s condition district S s providing a business subsidy o
<ul> <li>4. If the agreement provided a business sub- indicate the type(s) and total dollar values and applicable, agreement provided finance aloan (only principal)</li> <li>a grant (i.e., forgivable loan)</li> <li>b tax abatement</li> <li>(TIF or other tax reduction or deferral</li> <li>b guarantee of payment</li> <li>contribution of property or infrastructure</li> <li>b preferential use of governmental facilities</li> <li>contribution</li> <li>contribution</li> <li>contribution</li> <li>contribution</li> <li>contribution</li> <li>d contribution</li> <li>d contribution</li> <li>d other (Specify subsidy type.)</li> <li>6. If the assistance included tax increment indicate the type of TIF district? (Mark of not applicable, assistance was not in the for redevelopment</li> <li>b renewal and renovation</li> </ul>	sidy, please 25 ue for each type. ial assistance 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<ul> <li>If the assistance was of assistance, please indiants assistance, please indiants assistance for property ply contaminants assistance for renovatin stock or bringing it up the assistance provided for historic preservation di 50% or less of total cost assistance for pollution abatement assistance for a TIF soil</li> <li>Are any other grantor financial assistance to grant assistance to gra</li></ul>	cate the type(s). nt provided a business subsidy polluted S g building S g building S g building S g building S s conde, and designated stricts, when control or S s condition district S s providing a business subsidy o the same project? (Mark one.) for and the value of their
<ul> <li>4. If the agreement provided a business sub- indicate the type(s) and total dollar values not applicable, agreement provided finance loan (only principal) grant (i.e., forgivable loan) tax abatement (TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.)</li> <li>5. If the assistance included tax increment is indicate the type of TIF district? (Mark of not applicable, assistance was not in the for redevelopment renewal and renovation soils condition</li> <li>6. Example condition conomic development mined underground space</li> </ul>	sidy, please 25 ue for each type. ial assistance 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	If the assistance was of assistance, please indi hot applicable, agreeme assistance for property p by contaminants assistance for renovatin stock or bringing it up t assistance provided for historic preservation di 50% or less of total cost assistance for pollution abatement assistance for a TIF soil Are any other grantor financial assistance to Yes (Specify each grant assistance below; attack	cate the type(s). nt provided a business subsidy polluted S g building S g building S g building S g building S g building S code, and designated stricts, when control or S s condition district S s providing a business subsidy o the same project? (Mark one.) for and the value of their h an additional sheet if necessar
If the agreement provided a business sub- indicate the type(s) and total dollar value not applicable, agreement provided finance loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.)	sidy, please 25 at for each type. ial assistance 5 5 5 5 79,999 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<ul> <li>If the assistance was of assistance, please indiants assistance for property point of the provided for the provi</li></ul>	cate the type(s). nt provided a business subsidy polluted S g building S g building S g building S g building S g building S code, and designated stricts, when control or S s condition district S s providing a business subsidy o the same project? (Mark one.) for and the value of their h an additional sheet if necessar

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	equires that by purposes were	usiness subsidy and fits stated in the agreem	nancial assistance agree ent? (Mark all that appl	ments state a public p	urpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		<ul> <li>Increasing tax base</li> <li>Other (please spec)</li> </ul>		
29. Indicate whether the agr at the time of this report				the recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>B) Other job-creation and/or</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage</li> </ul>	retention goal	s	established? da Yes DNo DYes No	Target attainment ates (month & year)	All goals attained? • Yes • No • Yes • No • Yes • No • Yes • No
Please attach descriptions of trainment if not documented	of goals and p	ogress toward	/ -		
0. For each of the following agreement and the avera job creation goals in full Hearty Wage	ge hourly valu	e of any employer-pr ents if you are unable Part-time/ Seasonal/Temp.	ovided health insurance	goals for those jobs. I- and part-time posit	ions.) Hourly Value o
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insuranc
no hourly wage-level goal		·			•
less than \$7.00					•
\$7.00 to \$8.99	$\overline{(o)}$		- <u></u> -	<u></u>	\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99		<u> </u>			ss
\$15.00 and higher					\$
<ol> <li>For each of the followin date and the actual hour full-time equivalents if y</li> </ol>	ly value of an	y employer-provided	health insurance for tho	se jobs. <u>(Only</u> indica me positions.)	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Houriy Value of Health Insuranc
less than \$7.00		·		·	s
\$7.00 to \$8.99	<u> </u>			·	s
\$9.00 to \$10.99	·	·		·	s
\$11.00 to \$12.99					S
\$13.00 to \$14.99		·			5
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2001 Minnesota Business Assistance Form

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### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed in	t on another 2001 MBAF sub	mitted to DTED.)	
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>	r 31, 2000, did your organization h 5J.994? (Mark one.)	ave any recipients who failed to	¢.
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or final	ncial assistance awarded to that	
×N₀			
Name of recipient Type of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance	
<ul> <li>34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we</li> <li>Q Yes (Complete the remainder of this see</li> </ul>	re required to be fulfilled by the tir	ne of this report? (Mark one.)	
<ul> <li>35 39. Provide the following information for each recip were to be attained by the time of reporting. (Att 35. Information on recipient and agreement:</li> </ul>	ient failing to fulfill goals or any o tach additional pages if necessary.,	ther terms of an agreement that )	
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance	the second
36. Reason(s) for default (Mark all that apply.):			المعدة
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community	
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)		
□ Yes □ No, recipient <u>has begun</u> to repay the assistance	e. O No, recipient has not begu	n to repay the assistance.	
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its oblig	ations? (Mark one.)	
C	Yes 🖸 No		
39. Describe the steps being taken to bring recipient into a	compliance or recoup the subsidy:		
••	· .		
	······································		

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

Or fax to: (651) 215-3841

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2001 Minnesota Business Assistance Form BELGARD.

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

# RECEIVED JUN 6 2001

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

1. Name of grantor (funding entity) CITY OF ROGERS		2. Name of person completing this form GARY EITEL, CITY ADMINISTRATOR				
3. Street address 12913 MAIN STREET		4. City ROGERS	5. ZIP code 55374			
6. County HENNEPIN	7. Phone number 763-428-2253	8. Fax number 763-42B-4470	9. E-mail address			
	10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.					
Name/Title	Phone number	Street address	City ZIP code			
<ul> <li>11. Classification of grantor (<i>N</i> created by gov't agency, pl example, a city EDA would</li> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify.)</li> </ul>	ease indicate affiliation. For	<ul> <li>12. Has your organization held adopted criteria for awardir compliance with Minn. State</li> <li>X Yes (Indicate hearing date - No</li> <li>We held a public hearing but criteria (Indicate date of initial Other (Please attach explanation))</li> </ul>	ng business subsidies in t. $\$116J.994?$ (Mark one.) 6/3/60 and attach criteria) have not yet adopted tial hearing			
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
Yes (Comp	lete the remainder of the form.)	□ No (Stop here, go to section	15 on page 4.)			
Section 2 Information At	oout Recipient					
14. Name of business or organi		15. Address where business sub	osidy or financial assistance			

Section 1 Information About Grantor

No NOT THAT WE ARE AWARE OF	If more than one, is	ndicate ultimate	e owner.)	
16. Does the recipient have a parent corporation? (Mark one.)				
MINNEAPOLIS, MN 55426	Street address	City	State	ZIP code
ROGERS ASSOCIATES LLP 7841 WAYZATA BLVD	12999 WILFRET	D LANE, ROI	sers, MN	55374

TIF-10

17. Industry of recipient's facility (Mark one	J: C		
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	Services     Wholesale Trade	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please spin)</li> </ul>	DISTRIBUTION
18. Did the recipient relocate as a result of si	gning this agreemen	t? (Mark one.)	
□ Yes (Indicate city and state of previous add ■No (Go to Question 19.)	dress and reason rec	cipient did not complete this project at that ad	dress.)
City/State of previous address Reason proje	ect not completed at	previous address	······································
financial assistance? (Mark one.)		located elsewhere if not awarded this business	subsidy or
Remained at previous location	Relocated to differe	nt Minnesota location	e Minnesota
ection 3 General Information Abou	ut the Agreeme	nt	·····
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.) \$1,060,000 maximum		21. Date agreement signed (In addition to the date, indicate any dates the agreement we JUNE 13, 2000	
indicate the date improvements were finis whichever is earlier.) Pay-AG-Nou	shed, equipment was - Go 1트 (	the business subsidy or financial assistance. s placed into service, or the recipient occupied PAYMENT SCHEDULED For A four types of financial assistance (see Questio	the property, UGUST 2002
be reported? (Mark one.)	ousiness subsidy	□ financial assistance	··
24. If the agreement provided a business subst indicate the type(s) and total dollar valu		<ol> <li>If the assistance was one of the four type assistance, please indicate the type(s).</li> </ol>	es of financial
not applicable, agreement provided financia	al assistance	Anot applicable, agreement provided a busin	ness subsidy
□ loan (only principal) □ grant (i.e., forgivabl <del>e</del> loan)	\$ \$	assistance for property polluted by contaminants	\$
<ul> <li>tax abatement</li> <li>TIF or other tax reduction or deferral</li> <li>guarantee of payment</li> <li>contribution of property or infrastructure</li> </ul>	\$ \$1,060,000 \$ \$	assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	\$
<ul> <li>preferential use of governmental facilities</li> <li>land contribution</li> <li>other (Specify subsidy type.)</li> </ul>	\$ \$ \$	<ul> <li>50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TIF soils condition district</li> </ul>	\$ t S
26. If the assistance included tax increment fi indicate the type of TIF district? (Mark of		27. Are any other grantors providing a busir financial assistance to the same project?	
not applicable, assistance was not in the for	m of TIF	Yes (Specify each grantor and the value of assistance below; attach an additional shows:	
D redevelopment D renewal and renovation D soils condition		₩No	
conomic development mined underground space hazardous substance subdistrict		Grantor(s) and value of the agreement(s):	
		Grantor Value (\$)	
		Grantor Value (\$)	

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<ol> <li>Minn. Stat. §116J.994 r of the following public</li> </ol>	requires that bu purposes were	siness subsidy and fi stated in the agreeme	nancial assistance agreeme ent? (Mark all that apply.)	nts state a public p	urpose. Which
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the communit</li> </ul>	growth		Ancreasing tax base (c Other <i>(please specify)</i>		
29. Indicate whether the aga at the time of this report				recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	r retention goal	S	established? date Yes DNo Ves XNo	get attainment s (month & year)	All goals attained? Yes No Yes No Yes No Yes No
Please attach descriptions on the second sec					
	age hourly valu Il-time equivale	e of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					S
less than \$7.00					\$
\$7.00 to \$8.99	25				s
\$9.00 to \$10.99				·	s
\$11.00 to \$12.99					s
\$13.00 to \$14.99		- <u></u>	<del></del>		s
\$15.00 and higher				· .	s
	rly value of an	y employer-provided	health insurance for those tion into full- and part-time	jobs. (Only Indica	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insuranc
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					5
					\$
\$13.00 to \$14.99					

2001 Minnesota Business Assistance Form

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## Section 5 Recipients Failing to Fulfill Obligations

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Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §1</li> </ol>	ber 31, 2000, did your organization ha 16J.994? (Mark one.)	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.)	eport and the value of subsidy or finar	ncial assistance awarded to that
No		
Name of recipient Type of subsidy or assist	tance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that</li> </ol>	were required to be fulfilled by the tir	ne of this report? (Mark one.)
<b>Yes</b> (Complete the remainder of this	section.) No (Stop here and su	bmit form to DTED .)
<ul> <li>35 39. Provide the following information for each rewere to be attained by the time of reporting.</li> </ul>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one.)	
Yes ONo, recipient <u>has begun</u> to repay the assista	ance. O No, recipient has not begu	m to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	gations? (Mark one.)
	🖸 Yes 🖸 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
· .		

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

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

2001 Minnesota Business Assistance Form



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2001

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

## Section 1 Information About Grantor

1. Name of grantor (funding er City_ofSaint_Pau	•	2. Name of person completing Beth Ulrich	this form	
3. Street address 25 W. 4th St.	<b>#</b> 1400	4. City St. Paul	5. ZIP code 55102	
6. County Ramsey	7. Phone number 651–266–6689	8. Fax number 651-228-3220	9. E-mail address beth.ulrich@ci.stpa	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	-	:
Name/Title	Phone number	Street address	City ZIP code	
	fark one. If grantor is entity ease indicate affiliation. For check "City government.")	<ol> <li>Has your organization held adopted enterna for awardin compliance with Minn. Sta</li> </ol>	ng business subsidies in	
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>Yes (Indicate hearing date -</li> <li>No</li> <li>We held a public hearing but criteria (Indicate date of ini</li> <li>Other (Please attach explanation)</li> </ul>	have not yet adopted tial hearing)	
through December 31, 2000		siness subsidy or financial assistar inder Minn. Stat. §116J.993 and § No <i>(<u>Stop here,</u> go to section</i> )	116J.994? (Mark one.)	
Section 2 Information Ab	out Recipient			_
14. Name of business or organi receiving subsidy or financi		15. Address where business sul will be used	osidy or financial assistance	
Long's Auto Plac	e, Inc.	1566 Rice St., St. Street address City	Paul, MN55117StateZIP code	
16. Does the recipient have a pa	•			

 $\Box$  Yes (Indicate name and address of parent corporation below If more than one, indicate ultimate owner)  $\overrightarrow{\mathbf{R}}$  No

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.): retail	auto sales
Manufacturing     Services	Ginance, Insurance, Real Estate
Retail Trade 🛛 Wholesale T	
8. Did the recipient relocate as a result of signing this agree	nent? (Mark one.)
Yes (Indicate city and state of previous address and reason No (Go to Question 19.)	recipient did not complete this project at that address.)
ity/State of previous address Reason project not complete	d at previous address
9. Would the recipient have remained in previous location o financial assistance? (Mark one.)	r relocated elsewhere if not awarded this business subsidy or
<b>B</b> Remained at previous location	ferent Minnesota location 🛛 🖸 Relocated outside Minnesota
ction 3 General Information About the Agree	nent
0. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement
100,000	5-24-01
	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
<ol> <li>Does the agreement provide a business subsidy or one of the reported? (Mark one.)</li> <li>Business subsidy</li> </ol>	he four types of financial assistance (see Question 25) required to
4. If the agreement provided a business subsidy, please	<ol> <li>If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ol>
indicate the type(s) and total dollar value for each type.	$\mathbf{X}$ not applicable, agreement provided a business subsidy
loan (only principal) <u>\$_80,000</u>	
$\frac{3}{20,000}$	
Lax abatement S	□ assistance for renovating building S
TIF or other tax reduction or deferral     S       guarantee of payment     S	stock or bringing it up to code, and assistance provided for designated
I contribution of property or infrastructure S	historic preservation districts, when
preferential use of governmental facilities S	50% or less of total cost
land contribution S	assistance for pollution control or     S
other (Specify subsidy type.) S	abatement assistance for a TIF soils condition district S
5. If the assistance included tax increment financing, please	27. Are any other grantors providing a business subsidy or
indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation	
soils condition economic development	Grantor(s) and value of the agreement(s):
mined underground space hazardous substance subdistrict	University National Bank \$300,000
	Grantor Value (S) 30,000
	Grantor Value (S)

Enhancing economic div		-	ent? (Mark all that apply.)	annat ha anlu nu	more)
Creating high-quality jo			Other (please specify)	<u>goods &amp; se</u>	rvices_availa
Job retention			support	<sup>t</sup> commerci	al activity
Stabilizing the communi	ty		retain	local bus	iness
			es of goals, and whether the <i>date(s) for each goal.)</i>	recipient had att	ained those goals
	•		Goals Targ	get attainment	All goals
\ <b>c</b>				(month & year)	
<ul> <li>Specific wage and job g</li> <li>Other job-creation and/o</li> </ul>			220 Yes □ No <u>Ma</u> □ Yes □ No	ly '03	□ Yes 😧 No □ Yes □ No
) Other wage goals	, i i i i i i i i i i i i i i i i i i i		$\Box$ Yes $\Box$ No		Q Yes Q No
) Other goals other than v	vage and job go	als	□ Yes □ No		🗆 Yes 🗆 No
Please attach descriptions ttainment if not document			Project not c	ompleted y	vet.
agreement and the aver	age hourly valu	e of any employer-p	creation and/or retention go ovided health insurance goa e to separate goals by full- a	ls for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					S
less than \$7.00			<u> </u>		s
\$7.00 to \$8.99	<u></u>				s
\$9.00 to \$10.99		·		<del></del>	s
\$11.00 to \$12.99					s
\$13.00 to \$14.99	<u> </u>	· · · · · ·			۶
\$15.00 and higher					s
date and the actual hou	urly value of any you are unable	y employer-provided to separate job crea	nber of <b>actual</b> jobs created a health insurance for those jo <i>tion into full- and part-time</i>	obs. <u>(Onlv</u> indici	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
					٢٢
\$7.00 to \$8.99					s
\$7.00 to \$8.99 \$9.00 to \$10.99					
					·
\$9.00 to \$10.99					s s

Do not complete this section if you completed i	it on another 2001 MBAF sub	omitted to DTED.)
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116</li> </ol>	er 31, 2000, did your organization h 6J.994? <i>(Mark one.)</i>	ave any recipients who failed to
Yes (Indicate the name of each recipient failing to represent for the recipient. Attach additional pages if necessary.)	port and the value of subsidy or fina	ncial assistance awarded to that
~*		
Name of recipient Type of subsidy or assista	nce (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that w</li> </ol>	d to achieve any goals or fulfill any rere required to be fulfilled by the tir	other obligations under an ne of this report? <i>(Mark one.)</i>
<b>Yes</b> (Complete the remainder of this se	ection.) 🛛 🗅 No (Stop here and su	bmit form to DTED .)
<ol> <li>35 39. Provide the following information for each reci were to be attained by the time of reporting. (At</li> </ol>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of
		subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of
		subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
recipient ceased operation recipient was unable to fill vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment oblig	gation? (Mark one.)	
Yes ONO, recipient <u>has begun</u> to repay the assistan	ce. 🛛 No, recipient <u>has not begu</u>	in to repay the assistance.
18. Has the agreement been amended to extend the recipi	ient's deadline for fulfilling its oblig	ations? (Mark one.)
	🗆 Yes 🗆 No	
9. Describe the steps being taken to bring recipient into	······································	
	·	

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

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2001 Minnesota Business Assistance Form



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

## Section 1 Information About Grantor

1. Name of grantor (fundin	• •	2. Name of person comp	oleting this form
City of Saint P	aul	Beth Ulrich_	
3. Street address		4. City	5. ZIP code
25 W. 4th St.	#1400	St. Paul	55102
6. County	7. Phone number	8. Fax number	9. E-mail address
Ramsey	651-266-6689	651-228-3220	beth.ulrich@ci.stpaul.mn.

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

Name/Title	Phone number	Street address	City	ZIP code
created by gov tagency,	(Mark one. If grantor is entity please indicate affiliation. For ıld check "City government.")	<ol> <li>Has your organization h adopted criteria for awar compliance with Minn.</li> </ol>	rding business su	bsidies in
🛱 City government		Yes (Indicate hearing dat	te - <mark>9/8/99</mark> and	<u>attach criteria</u> )
County government		Ū No		< X- 
Regional government		🗅 We held a public hearing t	out have not yet a	idopted 👘
□ State government		criteria (Indicate date of	initial hearing -	
Other (Please specify.)	·   !	Other (Please attach expla		

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one )

Section 5 on page 4.) Section 5 on page 4.)

## Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where will be used	e business subs	idy or financi	al assistance	
J. Ring Glass Studio, Inc.	2408 Territ	orial Rd.	, St. Pa	aul, MN	55114
	Street address	City	State	ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)					
$\square$ Yes (Indicate name and address of parent corporation below. $\widehat{\mathbf{X}}$ No	If more than one, ir	idicate ultimate	e onner)		
Name of parent corporation	Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one.):	
<ul> <li>Manufacturing</li> <li>Services</li> <li>Retail Trade</li> <li>Wholesale Trade</li> </ul>	□ Finance, Insurance, Real Estate ade □ Construction ☑ Other ( <i>please specify</i> ) <u>a rt</u> stud
18. Did the recipient relocate as a result of signing this agreem	
Yes (Indicate city and state of previous address and reason A No (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to diffe	rent Minnesota location 🛛 Relocated outside Minnesota
ection 3 General Information About the Agreen	ient
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$\$ 53,355	<ul> <li>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</li> <li>April 24, 2000</li> </ul>
whichever is earlier.) Improvements sti	The four types of financial assistance (see Question 25) required to
🖬 business subsidy	financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	$\Box$ not applicable, agreement provided a business subsidy
loan (only principal)       S         grant (i.e., forgivable loan)       S         tax abatement       S         TIF or other tax reduction or deferral       S         guarantee of payment       S         contribution of property or infrastructure       S         preferential use of governmental facilities       S         land contribution       S         other (Specify subsidy type.)       S	<ul> <li>assistance for property polluted</li> <li>by contaminants</li> <li>assistance for renovating building</li> <li>stock or bringing it up to code, and</li> <li>assistance provided for designated</li> <li>historic preservation districts, when</li> <li>50% or less of total cost</li> <li>assistance for pollution control or</li> <li>abatement</li> <li>assistance for a TIF soils condition district</li> </ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	<ul> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> </ul>
<b>A</b> not applicable, assistance was not in the form of TIF $\sim$	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
D redevelopment D renewal and renovation D soils condition D economic development D mined underground space	SA No Grantor(s) and value of the agreement(s):
I hazardous substance subdistrict	Grantor Value (S)
	Grantor Value (S)

<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>	requires that b c purposes were	usiness subsidy and f e stated in the agreem	inancial assistance agreeme ent? (Mark all that apply.)	ents state a public	purpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality join</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	b growth		<ul> <li>Increasing tax base (in Other (please specify)</li> </ul>	cannot be only pu )uilding	rpose) rehabilitati
29. Indicate whether the ag at the time of this repo	greement incluc ort. (Fill in the l	led the following type boxes and attainment	es of goals, and whether the date(s) for each goal.)	recipient had and	ained those goals
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> <li>C) Other wage goals</li> <li>D) Other goals other than wage goals</li> </ul>	or retention goa	ls		rget attainment s (month & year) 5 / 2 0 0 2	All goals attained? Yes & No Yes No Yes No Yes No Yes No
Please attach descriptions ttainment if not document					
agreement and the aver	age hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT)	als for those jobs.	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insuranc
no hourly wage-level goal					s
					s
less than \$7.00					
less than \$7.00 \$7.00 to \$8.99	5				s
	5				s s
\$7.00 to \$8.99	5				
\$7.00 to \$8.99 \$9.00 to \$10.99	5				s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	5				s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the followi date and the <b>actual</b> hou	ng wage catego urly value of an	y employer-provided	ther of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. ( <u>Onlv</u> indica	s s s nce the benefit
S7.00 to S8.99 S9.00 to S10.99 S11.00 to S12.99 S13.00 to S14.99 S15.00 and higher For each of the followi date and the actual hou full-time equivalents if Hourly Wage	ng wage catego urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indica positions.) <b>Job</b>	s s s nce the benefit nte job creation in Hourly Value of
S7.00 to S8.99 S9.00 to S10.99 S11.00 to S12.99 S13.00 to S14.99 S15.00 and higher For each of the followidate and the actual hou full-time equivalents if Hourly Wage (excluding benefits)	ng wage catego urly value of an you are unable Full-time Job Creation /_5	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indica positions.) <b>Job</b>	s s s nee the benefit ate job creation in Hourly Value of Health Insuranc
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the followidate and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indica positions.) <b>Job</b>	s s s nee the benefit ate job creation in Hourly Value of Health Insuranc
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the followidate and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego urly value of an you are unable Full-time Job Creation /_5	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indica positions.) <b>Job</b>	s s s nee the benefit ate job creation in Hourly Value of Health Insuranc
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the followidate and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage catego urly value of an you are unable Full-time Job Creation /_5	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. ( <u>Onlv</u> indica positions.) <b>Job</b>	s s s nee the benefit ate job creation in Hourly Value of Health Insuranc

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(Do not complete this section if you completed it		
<ol> <li>During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J</li> </ol>	31, 2000, did your organization b 1.994? <i>(Mark one.)</i>	nave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or find	ancial assistance awarded to that
🗅 No		
<i></i>		
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we		
<b>Yes</b> (Complete the remainder of this sec	ction.)	ubmit form to DTED .)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Atta		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	recipient relocated to a diffe other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment obligation	ation? (Mark one.)	
Yes DNo, recipient <u>has begun</u> to repay the assistance	e. 🛛 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its obli	gations? (Mark one.)
c	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into c	compliance or recoup the subsidy:	
<u> </u>		

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
City of Saint Paul		Beth Ulrich		
3. Street address		4. City	5. ZIP code	
25 W. 4th St.	#1400	St Paul	55102	
6. County	7. Phone number	8. Fax number	9. E-mail address	
Ramsey	651 266 6689	651 228 3220	beth ulrich@ci_st	nau
10. Please indicate who in	n your organization should receive 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.")			eld a public hearing on and rding business subsidies in Stat. §116J.994? <i>(Mark one.)</i>	
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date 9/8/99 and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
through December 31	a signed any agreements to award a bu , 2000 that is required to be reported to Complete the remainder of the form.)		d §116J.994? (Mark one.)	
Section 2 Informatio	n About Recipient			
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>		15. Address where business will be used	subsidy or financial assistance	
Buchmeier Agency Inc		1567 W 7th St S Street address City	t Paul MN 55102 State ZIP code	
16. Does the recipient hav	e a parent corporation? (Mark one.)			
	address of parent corporation below	. If more than one, indicate ult	imate owner.)	

Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one:):	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Manufacturing</li> <li>Manufacturing</li> <li>Services</li> <li>Retail Trade</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insurance, Real Estate</li> <li>Construction</li> <li>Other (please specify)</li> </ul>
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)
ĞYes (Indicate city and state of previous address and reason re □ No (Go to Question 19.)	ecipient did not complete this project at that address.)
St Paul MN Did not own prop	ertv
City/State of previous address Reason project not completed a	
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
Remained at previous location 🛛 Relocated to differ	ent Minnesota location 🛛 🗅 Relocated outside Minnesota
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$63,425.00	May 1, 2000
<ol> <li>Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.)</li> <li>November, 2000</li> </ol>	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
<ul> <li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li> <li>23. Does the agreement provide a business subsidy</li> <li>23. Does the agreement provide a business subsidy</li> </ul>	e four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
□ not applicable, agreement provided financial assistance	□ not applicable, agreement provided a business subsidy
loan (only principal) S	assistance for property polluted S
Image: grant (i.e., forgivable loan)\$63,425tax abatement\$	by contaminants
TIF or other tax reduction or deferral	stock or bringing it up to code, and
guarantee of payment S	assistance provided for designated
Contribution of property or infrastructure     \$	historic preservation districts, when 50% or less of total cost
and contribution S	$\square$ assistance for pollution control or $S$
Gother (Specify subsidy type.) S	abatement
	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
Inot applicable, assistance was not in the form of TIF	□ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation	X No
<ul> <li>soils condition</li> <li>economic development</li> <li>mined underground space</li> </ul>	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

<ol> <li>Minn. Stat. §116J.994 of the following public</li> </ol>					purpose. Which
<ul> <li>Enhancing economic div</li> <li>Creating high-quality joint</li> <li>Job retention</li> <li>Stabilizing the communities</li> </ul>	b growth			ase (cannot be only put hecify)	rpose)
29. Indicate whether the ap at the time of this repo					ained those goals
			Goals	Target attainment	All goals
A) Specific wage and job g	roals to be attain	ed within 7 years	established? 🖈 Yes 🗔 No	dates (month & year)	attained? Tes 😦 No
B) Other job-creation and/o			Yes INO	<del>-5/1/2002</del>	
C) Other wage goals	-		🗆 Yes 🗔 No		🗆 Yes 🗔 No
D) Other goals other than v	wage and job go:	als	🗆 Yes 🗔 No		🗆 Yes 🗆 No
Please attach descriptions attainment if not document					
0. For each of the followi agreement and the aver job creation goals in fi	rage hourly valu	e of any employer-pr	ovided health insuran	ce goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insuran
no hourly wage-level goal	······				\$
less than \$7.00					\$
	_16				s
\$7.00 to \$8.99					
\$7.00 to \$8.99 \$9.00 to \$10.99					\$
					s s
\$9.00 to \$10.99					
\$9.00 to \$10.99 \$11.00 to \$12.99					s
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99	ing wage catego urly value of an	y employer-provided	health insurance for t	hose jobs. ( <u>Onlv</u> indica t-time positions.)	s s s nce the benefit
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the following date and the actual home in the actual hom</li></ul>	ing wage catego urly value of an <i>fyou are unable</i>	y employer-provided to separate job crea	health insurance for t tion into full- and par	hose jobs. ( <u>Only</u> indica i-time positions.) e to	s s nce the benefit
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the following date and the actual hoog full-time equivalents if the second se</li></ul>	ing wage catego urly value of any <i>f you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for t tion into full- and par FTE (only if unable separate FT/PT)	hose jobs. <i>(Only</i> indica t-time positions.) e to Job	s s nce the benefit ate job creation in Hourly Value o
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the follow: date and the actual ho full-time equivalents if</li> <li>Hourly Wage (excluding benefits)</li> </ul>	ing wage catego urly value of any <i>f you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for t tion into full- and par FTE (only if unable separate FT/PT)	hose jobs. <i>(Only</i> indica t-time positions.) e to Job	s s nce the benefit ate job creation in Hourly Value o Health Insurance
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 </li> </ul>	ing wage catego urly value of any <i>f you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for t tion into full- and par FTE (only if unable separate FT/PT)	hose jobs. <i>(Only</i> indica t-time positions.) e to Job	s s nce the benefit ate job creation in Hourly Value o Health Insurance
<ul> <li>\$9.00 to \$10.99</li> <li>\$11.00 to \$12.99</li> <li>\$13.00 to \$14.99</li> <li>\$15.00 and higher</li> <li>1. For each of the following date and the actual ho full-time equivalents if</li> <li>Hourly Wage (excluding benefits) <ul> <li>less than \$7.00</li> <li>\$7.00 to \$8.99</li> </ul> </li> </ul>	ing wage catego urly value of any <i>f you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for t tion into full- and par FTE (only if unable separate FT/PT)	hose jobs. <i>(Only</i> indica t-time positions.) e to Job	s s nce the benefit ate job creation in Hourly Value of Health Insurand
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ing wage catego urly value of any <i>f you are unable</i> Full-time Job	y employer-provided <i>to separate job crea</i> Part-time/ Seasonal/Temp.	health insurance for t tion into full- and par FTE (only if unable separate FT/PT)	hose jobs. <i>(Only</i> indica t-time positions.) e to Job	s s nce the benefit ate job creation in Hourly Value of Health Insurand

<ol> <li>During the period January 1, 2000 through Decemt report as required by Minn. Stat. §116J.993 and §11</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)		ncial assistance awarded to that
⊇ No		
~·		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that your sector of the		
Yes (Complete the remainder of this.	section.) 🛛 🗅 No (Stop here and su	bmit form to DTED .)
5 39. Provide the following information for each rec were to be attained by the time of reporting. (A	cipient failing to fulfill goals or any o Attach additional pages if necessary.)	ther terms of an agreement that
5. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default (Mark all that apply.):	~	
D recipient ceased operation D recipient was unable to fill vacant positions	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
7. To date, has the recipient fulfilled its repayment obl	ligation? (Mark one.)	
Yes ONO, recipient has begun to repay the assista	nce. 🛛 🔲 No, recipient <u>has not begu</u>	in to repay the assistance.
8. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one.)
	🗆 Yes 🖾 No	
9. Describe the steps being taken to bring recipient int	o compliance or recoup the subsidy:	······································
· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form



# 2001 Minnesota Business Assistance Form RECEIVED UST 1

# The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.

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

#### Section 1 Information About Grantor

<ol> <li>Name of grantor (funding entity)</li> <li>City of St. Paul</li> <li>Street address</li> <li>25 W. 4th St. #1400</li> </ol>		2. Name of person completing Beth Ulrich	this form	
		4. City St Paul	5. ZIP code 55102	
6. County Ramsey	7. Phone number 651-266-6689	8. Fax number 651-228 3220	9. E-mail address beth.ulrich@ci.stpau1	l.mn.u
10. Please indicate who in you	ir organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>2 City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> </ul>		<ul> <li>12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)</li> <li>2 Yes (Indicate hearing date 9/8/99 and attach criteria)</li> <li>2 No</li> <li>2 We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> </ul>		
through December 31, 200		<ul> <li>Other (Please attach explana</li> <li>siness subsidy or financial assistaninder Minn. Stat. §116J.993 and §</li> <li>No (Stop here, go to section)</li> </ul>	ice from January 1, 2000 116J.994? <i>(Mark one.)</i>	
Section 2 Information A	bout Recipient			
14. Name of business or organ receiving subsidy or finance		<ol> <li>Address where business sub will be used</li> </ol>	osidy or financial assistance	
Highland Grill		771 Cleveland Ave.	S St. Paul, MN 5	5116

16. Does the recipient have a parent corporation? (Mark one)

😰 Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)

Blue Plate Restaurant Company, Inc.	<u>1000 N. Hamline Ave.</u>	, St. Paul, MN 55104
Name of parent corporation	Street address City	State ZIP code

Street address

City

State

ZIP code

 $H_{\rm c}$ 

17. Industry of recipient's facility (Mark	one.):		
<ul> <li>Manufacturing</li> <li>Retail Trade</li> </ul>	<ul> <li>Services</li> <li>Wholesale Trade</li> </ul>	<ul> <li>Finance, Insura</li> <li>Construction</li> </ul>	nce, Real Estate Other (please specify) <b>Restaur</b>
8. Did the recipient relocate as a result	of signing this agreement	? (Mark one.)	
❑ Yes (Indicate city and state of previou. ■ No (Go to Question 19.)	s address and reason reci	pient did not complete	this project at that address.)
City/State of previous address Reason	project not completed at p	previous address	
9. Would the recipient have remained in financial assistance? (Mark one.)	n previous location or relo	ocated elsewhere if not	awarded this business subsidy or
A Remained at previous location	C Relocated to differen	t Minnesota location	Relocated outside Minnesota
ection 3 General Information A	bout the Agreemen	it	
20. Total dollar value of business subsid assistance (Please separate value by and 25.)	•		gned (In addition to the agreement dates the agreement was amended.)
\$221,250		May 23, 200	01
22. Benefit date (Indicate the date the re- indicate the date improvements were whichever is earlier.) Septe			
3. Does the agreement provide a busine be reported? (Mark one.)		our types of financial as	ssistance (see Question 25) required to
4. If the agreement provided a business s indicate the type(s) and total dollar v			as one of the four types of financial ndicate the type(s).
) not applicable, agreement provided fina	ancial assistance	🛿 not applicable, agree	ment provided a business subsidy
<ul> <li>a loan (only principal)</li> <li>a grant (i.e., forgivable loan)</li> <li>a tax abatement</li> <li>a TF or other tax reduction or deferral</li> <li>a guarantee of payment</li> <li>a contribution of property or infrastructure</li> <li>b preferential use of governmental facilities</li> <li>a land contribution</li> <li>a other (Specify subsidy type.)</li> </ul>	S S re S les S S	<ul> <li>assistance for proper by contaminants</li> <li>assistance for renova stock or bringing it u assistance provided f historic preservation 50% or less of total c</li> <li>assistance for polluti abatement</li> <li>assistance for a TIF s</li> </ul>	ting building S p to code, and for designated a districts, when cost on control or S
6. If the assistance included tax increme indicate the type of TIF district? (Man	0.1	,	tors providing a business subsidy or to the same project? (Mark one.)
) not applicable, assistance was not in the	e form of TIF		antor and the value of their tach an additional sheet if necessary.)
l redevelopment l renewal and renovation l soils condition l economic development l mined underground space		□ No Grantor(s) and value of <b>Associated Ba</b>	-
hazardous substance subdistrict	1	ASSUCIALEU Da	<u>nk</u> \$250,000

<ol> <li>Minn. Stat. §116J.994 r of the following public j</li> </ol>	equires that bu purposes were	isiness subsidy and f stated in the agreem	inancial assistance agreeme ent? (Mark all that apply.)	ents state a public	purpose. Which	
<ul> <li>Enhancing economic dive</li> <li>Creating high-quality job</li> <li>Job retention</li> <li>Stabilizing the community</li> </ul>	growth		<ul> <li>Increasing tax base (</li> <li>Other (please specify)</li> <li>Support co</li> <li>goods and</li> </ul>	cannot be only pu improve h ommercial services	urpose) ealth, safety activity availability	secur
29. Indicate whether the agr at the time of this report.	eement includ . (Fill in the b	ed the following type poxes and attainment	es of goals, and whether the date(s) for each goal.)	e recipient had ar	tained those goals	1
A) Specific wage and job goa 3) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goal	ls		rget attainment is (month & year obs May '0		
Please attach descriptions o attainment if not documented						
	ge hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full-	als for those jobs		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal			6		٢٢	
less than \$7.00		······	· · · · · · · · · · · · · · · · · · ·	<del></del>	ss	1
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	- <u>, -, -, -</u>				s	
\$11.00 to \$12.99	<del></del> .				s	
\$13.00 to \$14.99			·		s	
\$15.00 and higher					s	
	y value of any	y employer-provided	ther of actual jobs created health insurance for those j tion into full- and part-time FTE (only if unable to	jobs. <u>(Onlv</u> indic		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00	· · · · ·		· · · · · · · · · · · · · · · · · · ·		s	
					S	
\$7.00 to \$8.99					\$	
\$7.00 to \$8.99 \$9.00 to \$10.99					•	
					s	
\$9.00 to \$10.99					s s	
\$9.00 to \$10.99 \$11.00 to \$12.99					s s s	

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(Do not complete this se	citon if you complete	ed it on another 2001 MBAF sub	
<ol> <li>During the period Janua report as required by Mi</li> </ol>	ary 1, 2000 through Decer nn. Stat. §116J.993 and §	nber 31, 2000, did your organization h: 116J.994? <i>(Mark one.)</i>	ave any recipients who failed to
	feach recipient failing to itional pages if necessary	report and the value of subsidy or final .)	ncial assistance awarded to that
D No			
	~ ^	•	
Name of recipient	Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or	after January 1, 2000, tha	iled to achieve any goals or fulfill any o t were required to be fulfilled by the tim	ne of this report? (Mark one.)
□ Yes (Com	plete the remainder of thi	s section.) 🛛 🗅 No (Stop here and su	bmit form to DIED.)
		recipient failing to fulfill goals or any o (Attach additional pages if necessary.)	
35. Information on recipient	and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
			<u>,</u>
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (M	ark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill</li> </ul>		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipien	t fulfilled its repayment o	bligation? (Mark one.)	
□ Yes □ No, recipient <u>ha</u>	<u>s begun</u> to repay the assis	tance. 🛛 🗅 No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been	amended to extend the red	cipient's deadline for fulfilling its oblig	ations? (Mark one.)
		🗆 Yes 🗆 No	
39. Describe the steps being	taken to bring recipient in	nto compliance or recoup the subsidy:	
	·····		······································
	· · · · · · · · · · · · · · · · · · ·		

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

Or fax to: (651) 215-3841



LOCUCULCE

# 2000 Minnesota Business Assistance Form

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

## Section 1 Information About Grantor

l. Name of grantor (funding entity) City of Sauk Centre		2. Name of person completing this form Traci M. Ryan		
3. Street address 405 Sinclair Lewis Avenue		4. City Sauk Centre	5. ZIP code	€ 56378
6. County Stearns	7. Phone number 320-352-2203	8. Fax number 320-352-2206	9. E-mail a NA	ddress
10. Please indicate who in you Trací M. Ryan Name/TitleConsult. Sta	r organization should receive the 320-352-2898 <u>FF</u> Phone number		•	centre, MN 56378 ZIP code
11. Classification of grantor (N created by gov't agency,		12. Has your organization hel adopted criteria for award compliance with Minn. St	d a public hear ing business su	bsidics in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		<ul> <li>X Yes (Indicate hearing date</li> <li>No</li> <li>We held a public hearing bu criteria (Indicate date of it</li> <li>Other (Please attach expland)</li> </ul>	it have not yet a nitial hearing -	adopted
	ed any agreements to award a busi ) that is required to be reported un			1 2

 $\overset{\bullet}{\rightarrow}$  Yes (Complete the remainder of the form.)  $\Box$  No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address who will be used	ere business su	bsidy or financ	ial assistance
Strietz Properties, U.C.	5/9/1nco/2 Street address	Loop	<u>SC</u> City	<u>56378</u> ZIP code
16. Does the recipient have a parent corporation? (Mark on	e.)			
$\square$ Yes (Indicate name and address of parent corporation b $ ot\!$	pelow. If more than on	e, indicate ulti	imate owner.)	
		City	State	

2000 Minnesota Business Assistance Form

17. Industry of recipient's facility (Mark one.):	
Manufacturing D Services D Retail Trade D Wholesale Tr	□ Finance, Insurance, Real Estate rade □ Construction □ Other (please specify)
18. Did the recipient relocate as a result of signing this agreen	nent? (Mark onc.)
$\Box$ Yes (Indicate city and state of previous address and reaso X No (Go to Question 19.)	n recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
Remained at previous location	crent Minnesota location 🖸 Relocated outside Minnesota
ction 3 General Information About the Agreement	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) $\int -3 - 00$
be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to
business subsidy	
	Tinancial assistance
	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> </ul>
4. If the agreement provided a business subsidy, please	25. If the assistance was one of the four types of financial
4. If the agreement provided a business subsidy, please indicate the type(s) not applicable, agreement provided financial assistance loan	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>I not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted by contaminants</li> </ul>
<ul> <li>4. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>not applicable, agreement provided financial assistance</li> <li>loan</li> <li>grant (i.e., forgivable loan)</li> </ul>	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>N not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up</li> </ul>
<ul> <li>4. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>not applicable, agreement provided financial assistance</li> <li>loan</li> <li>grant (i.e., forgivable loan)</li> <li>tax abatement</li> </ul>	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> </ul>
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<ul> <li>4. If the agreement provided a business subsidy, please indicate the type(s).</li> <li>not applicable, agreement provided financial assistance</li> <li>loan grant (i.e., forgivable loan) tax abatement</li> <li>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.)</li></ul>	<ul> <li>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</li> <li>27 not applicable, agreement provided a business subsidy</li> <li>assistance for property polluted by contaminants</li> <li>assistance for renovating building stock or bringing it up to code, when 50% or less of total cost</li> <li>assistance for pollution control or abatement</li> <li>assistance for a TTF soils condition district</li> <li>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</li> <li>27. Are any other grantor and the value of their assistance below; attach an additional sheet if necessary.)</li> <li>X No</li> <li>Grantor(s) and value of the agreement(s):</li> </ul>

PAGE 03

2000 Minnesota Business Assistance Form

Department of Trade and Economic Development

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of the following public p	requires that to surposes were s	usiness subsidy and f tated in the agreemer	Inancial assistance agreen nt? (Mark all that apply.)	ients state a public	purpose. Which
Enhancing coonomic di Creating high-quality jo			Increasing tax base	fy)	
□ Job retention □ Stabilizing the commun	iry		<ul> <li>Other (please specify)</li> <li>Other (please specify)</li> </ul>		
29. Indicate whether the a at the time of this repo	greement inclu- rt. (Fill in the	ded the following typ boxes and attainmer			
			Goals T	arget attainment	All goals
<ul> <li>A) Specific wage and job g</li> <li>B) Other job-creation and/o</li> </ul>			Yes DNo _	es (month & year) $\frac{7-3-2007}{2007}$	attained? Yes XNo Yes No
<ul> <li>Other wage goals</li> <li>Other goals other than w</li> </ul>	vage and job go	als	XYes □No □Yes □No		□Yes □No □Yes □No
Please attach descriptions			· · · · · · · · · · · · · · · · · · ·		- I CS - 140
<ol> <li>For each of the following agreement and the aver job creation goals in</li> </ol>	age hourly valu full-time equiv	ne of any employer-pr alents if you are una	ovided health insurance go ble to separate goals by f	als for those jobs.	( <u>Only</u> indicate positions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>onlv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Héalth Insurance
no hourly wage-level goal		·			s
less than \$7.00					s
\$7.00 to \$8.99	3_				s Not Defi
\$9.00 to \$10.99					2
\$11.00 to \$12.99	·				5
\$13.00 to \$14.99					5
\$15.00 and higher		-			22
	rly value of any	employer-provided l	ber of actual jobs created in health insurance for those eation into full- and part- FTE (only if unable to separate FT/PT)	obs. ( <u>Onlv</u> indical	
(excluding benefits)	Creation	Job Creation	Jab Creation		Health Insurance
less than \$7.00	1				5
\$7.00 to \$8.99	2				<u>s / •: 6</u> 0 · · · ·
\$9.00 to \$10.99	$\overline{I}$				5
\$11.00 to \$12.99					s40
					5
\$13.00 to \$14.99	2				.40

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2000 Minnesora Business Assistance Form

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PAGE 05

33. During the period A		ed it on another 2000 MBAF su 1, 1999, did your organization have ar (Mark one.)	
□ Yes (Indicate the nam		o report and the value of subsidy or	financial assistance awarded to that
<b>Х</b> ио			
Name of recipient	Type of subsidy or ussi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
<ol> <li>Did your organizatio agreement signed on</li> </ol>	n have any recipients who fa or after August 1, 1999, that	iled to achieve any goals or fulfill any were required to be fulfilled by the tir	other obligations under an ne of this report?(Mark one.)
Tres (C	Complete the remainder of th	is section.) XNO (Stop here and s	submit form to DTED .)
	by the time of reporting. (A	ccipient failing to fulfill goals or any c πach additional pages if necessary.)	other terms of an agreement that
Name of recipient in defau	alt	Type of subsidy or assistance	Initial value of subsidy or assistance
treet address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default	(Mark all that apply.):		
l recipient ceased operation recipient was unable to a		<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	rent community
7. To date, has the recipi	ent fulfilled its repayment ob	ligation? (Mark one.)	
	has begun to repay the assista	ance. O No, recipient has not begu	n to repay the assistance.
Yes 🗆 No, recipient		ipient's deadline for fulfilling its oblig	ations?(Mark one.)
	en amendea to extend the rec		
	in imenoed to extend the rec	□ Yes □ No	
8. Has the agreement bee		□ Yes □ No to compliance or recoup the subsidy.	
8. Has the agreement bee			

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Return your completed MBAF(s) by <u>April 1. 2000</u>, to:

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

Or fax to: (651) 215-3841

2000 Minnesota Business Assistance Form

Page 4 of 4



## RECEIVED SEP 4 2001

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

1. Name of grantor (funding entity)	2. Name of person completing this form Jc Dean Neil - Cleik Treas.
3. Street address 1.0. Box 126	4. City 5. ZIP code 5. City 5.
6. County Norman 318-885-8355	8. Fax number 9. E-mail address
10. Please indicate who in your organization should receive the	2002 MBAF if different from the person in Question 2.
Name/Title Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)
City government County government Regional government State government Other (Please specify.)	<ul> <li>Yes (Indicate hearing date and attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>
<ul> <li>13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported u</li> <li>□ Yes (Complete the remainder of the form.)</li> </ul>	
Section 2 Information About Recipient	
<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>
	Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<ul> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, indicate ultimate owner.)

## Section 1 Information About Grantor

Name of parent corporation

Street address

State

ZIP code

City

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

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

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

7/14

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Page 4 of 4



## 2001 Minnesota Business Assistance Form RECEIVED JUN 2 9 2001

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

1. Name of grantor (funding entity)       2. Name of person completing this form         Street address       Image: Street address       Number         3. Street address       Image: Street address       Street address         6. Courty       Image: Street address       Street 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         11. Classification of grantor (Mark one. If grantor is entity created by gov 1 agency: please indicate affiliation. For example, a city: EDA would check "City government.")         City government       Image: Classification of grantor is entity created by gov 1 agency: please indicate affiliation. For example, a city: EDA would check "City government.")         County government       Image: Classification of grantor is entity created by gov 1 agency: please indicate affiliation. For example, a city: EDA would check "City government.")         County government       Image: Classification of grantor is entity created by gov 1 agency: please indicate affiliation. For example, a city: EDA would check "City government.")         County government       Image: Classification of grantor is entity.         County government       Image: Classification of grantor is government.         State government       Image: Classification of the form         County government       Image: Classification of the form         Pres (Complete the remaind			
3. Street address       1755       320       Aue       4. City       5. ZIP code       56733         6. County       7. Phone number       8. Fax number       9. E-mail address         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.         Name/Title       Phone number       Street address       City       ZIP code         11. Classification of grantor (Mark one. If grantor is entity created by gov' agency, please indicate affiliation. For example, a city EDA would check "City government.")       12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. \$1161.994? (Mark one.)         City government       We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing			
1755       320" Aue       KEWEdy       56733         6. County       7. Phone number       9. E-mail address         10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.         Name/Title       Phone number       Street address       City       ZIP code         11. Classification of grantor (Mark one. If grantor is entity created by gov'1 agency, please indicate affiliation. For example, a city: EDA would check "City government.")       I2. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       Yes (Indicate hearing date and <u>attach criteria</u> )         No       Yes (Indicate hearing date and <u>attach criteria</u> )         No       Yes (Indicate hearing date and <u>attach criteria</u> )         No       Yes (Indicate hearing date and <u>attach criteria</u> )         No       Yes (Indicate hearing date and <u>attach criteria</u> )         No       We held a public hearing on Just Appendiced any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.994? (Mark one.)         Yes (Complete the remainder of the form.)       Xe (Stop here, go to section 5 on page 4.)         Section 2 Information About Recipient       15. Address where business subsidy or financial assistance will be use	SLANE LEQUINISHED	NJARK Lew	d DERG
Name/Title       Phone number       Street address       City       ZIP code         11. Classification of grantor (Mark one.  / 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.)         12. Classification of 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.)         12. Other (Please specify.)	3. Street address 1755 720 th Aug	4. City KENNEdy	
Name/Title       Phone number       Street address       City       ZIP code         11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")       12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       Yes (Indicate hearing date and attach criteria)         County government       We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)         Other (Please specify:)       Image: Complete the remainder of the form.)         13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 that is required to be reported under Minn. Stat. §116J.994? (Mark one.)         Yes (Complete the remainder of the form.)       Xio (Stop here, go to section 5 on page 4.)         Section 2 Information About Recipient       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance         16. Does the recipient have a parent corporation? (Mark one.)       Yes (Indicate name and address of parent corporation for the low. If more than one, indicate ultimate owner.)         No       Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)   <	6. County <i>K</i> + 30 <i>N</i> 5. Phone number 5. 8~674-4392	8. Fax number	9. E-mail address
<ul> <li>11. Classification of grantor (Mark one. If grantor is entity: created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</li> <li>12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1161.994? (Mark one.)</li> <li>13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)</li> <li>14. Name of business or organization receiving subsidy or financial assistance</li> <li>15. Address where business subsidy or financial assistance will be used</li> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>17. Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</li> </ul>	10. Please indicate who in your organization should receive the	2002 MBAF if different from the	person in Question 2.
created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")       adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       regional government       adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)         City government       weight of the second	Name/Title Phone number	Street address	City ZIP code
X County government       X No         Regional government       Yes (Please specify:)       Yes (Complete the remainder of the form.)       We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)         13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)         Yes (Complete the remainder of the form.)       X No (Stop here, go to section 5 on page 4.)         Section 2 Information About Recipient       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance         16. Does the recipient have a parent corporation? (Mark one.)       Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)         No	created by gov't agency, please indicate affiliation. For	adopted criteria for awardin	ng business subsidies in
through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)         Yes (Complete the remainder of the form.)         Yes (December 2000)         Yes (December 2000)         Yes (December 2000)         Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)         No	County government Regional government State government	No We held a public hearing but criteria (Indicate date of init	have not yet adopted tial hearing
Section 2 Information About Recipient         14. Name of business or organization receiving subsidy or financial assistance         15. Address where business subsidy or financial assistance         Street address         City         State         ZIP code         16. Does the recipient have a parent corporation? (Mark one.)         Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)         No		nder Minn. Stat. §116J.993 and §	116J.994? (Mark one.)
14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         14. Name of business or organization receiving subsidy or financial assistance       15. Address where business subsidy or financial assistance will be used         16. Does the recipient have a parent corporation? (Mark one.)       14. Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)         12 Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	$\Box$ Yes (Complete the remainder of the form.)	No ( <u>Stop here,</u> go to section	n 5 on page 4.)
receiving subsidy or financial assistance       will be used         Image: Street address       Street address       City       State       ZIP code         16. Does the recipient have a parent corporation? (Mark one.)       Image: Street address of parent corporation below. If more than one, indicate ultimate owner.)         Image: No	Section 2 Information About Recipient		
16. Does the recipient have a parent corporation? (Mark one.) □ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) □ No		1	bsidy or financial assistance
□ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) □ No		Street address City	State ZIP code
	16. Does the recipient have a parent corporation? (Mark one.)	I	
Name of parent corporation Street address City State ZIP code	⊐ Yes (Indicate name and address of parent corporation below. ⊐ No	If more than one, indicate ultima	ale owner.)
	Name of parent corporation	Street address City	State ZIP code

## Section 1 Information About Grantor

(Do not complete this section if you completed it of	on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.</li> </ol>		ave any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finar	icial assistance awarded to that
No		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were	required to be fulfilled by the tir	ne of this report? (Mark one.)
Yes (Complete the remainder of this section)	ion.) No (Stop here and su	bmit form to DTED )
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Atta		5
35. Information on recipient and agreement:		· · ·
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	□ No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its oblig	gations? (Mark one.)
	Yes 🗅 No	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	
· · · · · · · · · · · · · · · · · · ·		<u></u>
·	· · · · · · · · · · · · · · · · · · ·	
		<u></u>

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

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

2001 Minnesota Business Assistance Form Ostmarked 6/27/01

Page 4 of 4



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

#### 1. Name of grantor (funding entity) 2. Name of person completing this form Sherburne Count Alex Wikstrom 3. Street address 4. City 5. ZIP code 13880 HWY 10 Elk River 22320 6. County 7. Phone number 8. Fax number 9. E-mail address 763-241-2744 763-241-2995 shorburne alex. Wikstroin Q. Co. 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. ĸ Nanic/Title Phone number Street address City ZIP code 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) City government Ses (Indicate hearing date - \_\_\_\_\_ and attach criteria) County government 🗆 No Regional government U We held a public hearing but have not yet adopted State government criteria (Indicate date of initial hearing - \_ Other (Please specify.) • Other (Please attach explanation.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark.one.) • Yes (Complete the remainder of the form) No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient

#### Section 1 Information About Grantor

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	,			
□ Yes (Indicate name and address of parent corporation below. □ No	l∫ more than one, ii	ndicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

2001 Minnesota Business Assistance Form

I MUN 0.41 AM	SHERBURNE COUNII	FAX NU.	7632412707
ection 5 Recipients	Failing to Fulfill Oblig	vations	•
o not complete this	section if you completed	it on another 2001 MBAF s	ubmitted to DTED.)
	nuary 1, 2000 through Decem Minn. Stat. §116J.993 and §1		have any recipients who failed to
Yes (Indicate the name recipient. Attach of	e of each recipient failing to ro additional pages if necessary.)	eport and the value of subsidy or fi	nancial assistance awarded to that
No			
Name of recipient	Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization agreement signed on	n have any recipients who fail or after January 1, 2000, that	ed to achieve any goals or fulfill ar were required to be fulfilled by the	ny other obligations under an time of this report? (Mark one.)
🗅 Yes (C	Complete the remainder of this	section.) 😿 No (Stop here and	submit form to DTED .)
35 39. Provide the foll	owing information for each re	cipient failing to fulfill goals or any	y other terms of an agreement that
		Atlach additional pages If necessar	
35. Information on recip	ient and agreement:		
			_
Name of recipient in defa	ult	Type of subsidy or assistance	e Initial value of subsidy or assistance
Street address of recipion	ıt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
C Deserver (a) for default			
36. Reason(s) for defaul	(mark an mar apply.):		
recipient ceased operation operation is a second operation oper		<ul> <li>recipient relocated to a dif</li> <li>other (Specify reason.)</li> </ul>	fferent community
	· · · · · · · · · · · · · · · · · · ·		
	pient fulfilled its repayment of		
Yes 🛛 No, recipien	t has begun to repay the assist	ance. D No, recipient has not be	cgun to repay the assistance.
38. Has the agreement b	con amended to extend the rec	ipient's deadline for fulfilling its of	oligations? (Mark one.)
· · ·		Ves No	
39. Describe the steps be	ting taken to bring recipient in	to compliance or recoup the subsid	y:

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

Or fax to: (651) 215-3841

2001 Minnesola Business Assistance Form

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Page 4 of 4

Department of Trade and Economic Development

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

1. Name of grantor (funding entity)	2. Name of person completing this form
City of Spring LAKE PArk	BARBARA L. Nelson
3. Street address	4. City 5. ZIP code
1301 SIST AVE NE	Spring LAKE PArk 55432
6. County 7. Phone number	8. Fax number 9. E-mail address
AnokA V KAMSRY 763.784-6491	763 792-7257 brelsen & Ci. Spin
10. Please indicate who in your organization should receive the	2002 MBAF if different from the person in Question 2. $\dot{P}AFK$
Name/Title Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)
City government County government Regional government State government Other (Please specify.)	<ul> <li>Yes (Indicate hearing date and <u>attach criteria</u>)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>
<ul> <li>Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported u</li> <li>Yes (Complete the remainder of the form.)</li> </ul>	
Section 2 Information About Recipient	
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used
	Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
⊥ Yes (Indicate name and address of parent corporation below. ⊥ No	If more than one, indicate ultimate owner.)
Name of parent corporation	Street address City State ZIP code

## Section 1 Information About Grantor

(Do not complete this section if you completed it o	n another 2001 MBAF subr	nitted to DTED.)
33. During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
X No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were		
Tes (Complete the remainder of this section	on.) 🛪 No (Stop here and sub	omit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
		· .
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	No, recipient <u>has not begu</u>	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes 🗅 No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
·		

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

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Page 4 of 4

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# 2001 Minnesota Business Assistance Form RECEIVED JUN 1 5 2001

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

## Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form			
City Of Wadena		Jarrod Olson			
3. Street address		4. City	5. ZIP code		
222 2nd Street S.F.		Wadena 56482			
6. County	7. Phone number	8. Fax number	9. E-mail address		
Wadena	(218) 631-7723	(218) 631-7709	olson32@hotmail.com		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.		
	·				
Name/Title	Phone number	Street address	City ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (<i>Please specify.</i>)</li> </ul>		XXYes (Indicate hearing date - <u>122</u> and <u>attach criteria</u> ) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)			
		siness subsidy or financial assistan			

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

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

## Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	15. Address where will be used	business subsid	y or financia	al assistance
Homecrest, Inc.	<u>600 5th Str</u> Street address	city	Wadena,1 State	MN 56482 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	•,			
J Yes (Indicate name and address of parent corporation below. D No	If more than one, ind	dicate ultimate o	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

	Manufacturing Retail Trade	Services     Wholesale Trade		surance, Real Estate	fy)
8. Did the recip	pient relocate as a result of si	gning this agreemer	it? (Mark one.)		
Yes (Indicate No (Go to Qu	city and state of previous add estion 19.)	dress and reason rea	cipient did not compl	lete this project at that addre	<i>ss.)</i>
City/State of pre	vious address Reason proi	ect not completed at	previous address		
9. Would the r	ecipient have remained in pro tance? (Mark one.)	· · · · · · · · · · · · · · · · · · ·	·	not awarded this business su	bsidy or
🖈 Remair	ned at previous location	Relocated to differe	nt Minnesota locatio	n 🛛 Relocated outside M	linnesota
ction 3 Gen	eral Information Abo	ut the Agreeme	nt		
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$20	00,813.95		October	23, 2000	
	reement provide a business su (Mark one.)	ubsidy or one of the pusiness subsidy	four types of financi		5) required to
	nent provided a business subs type(s) and total dollar valu			e was one of the four types o ase indicate the type(s).	of financial
) not applicable	, agreement provided financi	al assistance	🗅 not applicable, a	greement provided a busines	s subsidy
guarantee of p contribution o preferential us	givable loan) ax reduction or deferral bayment f property or infrastructure se of governmental facilities	\$200.813.95 \$ \$ \$ \$ \$ \$ \$	assistance provid historic preserva 50% or less of to	novating building g it up to code, and ded for designated ation districts, when otal cost	S S S
land contribut other <i>(Specify</i>	subsidy type.)	\$\$	<ul> <li>assistance for po abatement</li> <li>assistance for a <sup>-</sup></li> </ul>	TIF soils condition district	s
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)			
A not applicable, assistance was not in the form of TIF		Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)			
) redevelopmen ) renewal and re ) soils condition ) economic dev	enovation n elopment		🏹 No Grantor(s) and valu	ue of the agreement(s):	
) mined underg ) hazardous sub	round space ostance subdistrict				
			Grantor	Value (\$)	
			Grantor	Value (\$)	

of the following public			nancial assistance agreem nt? (Mark all that apply.		ourpose. Which
<ul> <li>□ Enhancing economic diversity</li> <li>□ Creating high-quality job growth</li> <li>③ Job retention</li> <li>③ Stabilizing the community</li> </ul>		<ul> <li>Increasing tax base (cannot be only purpose)</li> <li>Other (please specify)</li> </ul>			
					<ol> <li>Indicate whether the ag at the time of this report</li> </ol>
				arget attainment	All goals
	·			es (month & year)	attained?
) Specific wage and job g			⊠Yes ⊐No ⊐Yes ⊠No		□Yes □No □Yes □No
<ol> <li>Other job-creation and/o</li> <li>Other wage goals</li> </ol>	ir retention goal	5			$\Box Yes \Box No$
)) Other goals other than w	uses and job so	olc	$\Box$ Yes $\Sigma$ No	<u> </u>	$\Box$ Yes $\Box$ No
) Other goals other than w	vage and job go	a15			
Please attach descriptions ttainment if not documente					
	age hourly value	e of any employer-pr nts if you are unable	ovided health insurance <b>g</b> to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE ( <u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value o Health Insuran
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99				·	s
\$11.00 to \$12.99			· · · · · · · · · · · · · · · · · · ·		\$
\$13.00 to \$14.99					\$
315.00 10 314.77			· · · · · · · · · · · · · · · · · · ·		s
\$15.00 and higher					
<ul> <li>S15.00 and higher</li> <li>For each of the following date and the actual horizontal sectors.</li> </ul>	urly value of an	y employer-provided	ber of <b>actual</b> jobs created health insurance for those ion into full- and part-tin	e jobs. ( <u>Only</u> indica	
<ul> <li>S15.00 and higher</li> <li>For each of the following date and the actual horizontal sectors.</li> </ul>	urly value of an	y employer-provided	health insurance for those	e jobs. ( <u>Only</u> indica	ate job creation ir Hourly Value c
S15.00 and higher For each of the followidate and the <b>actual</b> hour full-time equivalents if	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation ir Hourly Value c
S15.00 and higher For each of the following date and the <b>actual</b> hour full-time equivalents if Hourly Wage (excluding benefits)	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation in Hourly Value o Health Insurand
S15.00 and higher For each of the following date and the <b>actual</b> how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation in Hourly Value o Health Insurand S
S15.00 and higher For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-tin FTE (only if unable to separate FT/PT) Job Creation	e jobs. ( <u>Only</u> indica ne positions.)	ate job creation in Hourly Value o Health Insurand S S
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	ary 1, 2000 through Decer inn. Stat. §116J.993 and §	nber 31, 2000, did your organization h 116J.994? <i>(Mark one.)</i>	ave any recipients who failed to
	f each recipient failing to litional pages if necessary	report and the value of subsidy or final .)	ncial assistance awarded to that
A No			
Name of recipient	Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
		tiled to achieve any goals or fulfill any at were required to be fulfilled by the time	
□ Yes (Com	plete the remainder of thi	is section.) 🛛 🗓 No (Stop here and su	bmit form to DTED .)
	d by the time of reporting.	recipient failing to fulfill goals or any c (Attach additional pages if necessary.	
Name of recipient in defaul	t	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (A	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 recipie	nt fulfilled its repayment	obligation? (Mark one.)	
⊇ Yes □ No, recipient <u>h</u>	<u>as begun</u> to repay the assi	stance. 🛛 🗅 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement beer	amended to extend the re	ecipient's deadline for fulfilling its obli	gations? (Mark one.)
		Yes No	
39. Describe the steps bein	g taken to bring recipient	into compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

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## Business Subsidy Policy City of Wadena

RECEIPT MAR

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

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

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

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

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

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

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

Policy adopted by Wadena City Council on this 28 day of <u>Movember</u>, 2000.

Wayne Wolden, Mayor

Brodles Gomes

Bradley Swenson, City Administrator


## 2001 Minnesota Business Assistance Form RECEIVED JUL 2 7 2001

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

#### Section 1 Information About Grantor

	1. Name of grantor (funding entity)2. Name of pCITY OF WAITE PARKVEREN.		this form	
3. Street address 19 13TH AVENUE	NORTH	4. City WAITE PARK	5. ZIP code 56387	
6. County STEARNS	7. Phone number (320) 252-6822	8. Fax number 9. E-mail a 320-252-6955 WPCH@AS		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question	n 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	<ol> <li>Has your organization held adopted criteria for awardir compliance with Minn. Sta</li> </ol>	ng business subsidi	es in
<ul> <li>City government</li> <li>County government</li> <li>Regional government</li> <li>State government</li> <li>Other (Please specify:)</li> </ul>		<ul> <li>X Yes (Indicate hearing date 10/10/QAd attach criteria)</li> <li>No</li> <li>We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)</li> <li>Other (Please attach explanation.)</li> </ul>		
	ned any agreements to award a bus 0 that is required to be reported up	-		

 $\overset{\mathbf{A}}{\rightarrow}$  Yes (Complete the remainder of the form.)  $\Box$  No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where t will be used	ousiness su	ubsidy or financia	l assistance
BEN'S TOOL AND IRON WORKS	475 PROGRESS	ROAD,	WAITE PARK	MN 56387
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
$\square$ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) $\Delta N_0$				
Name of parent corporation	Street address	City	State	ZIP code

2001 Minnesota Business Assistance Form

17. Industry of recipient's facility (Mark one.):	
Image: ManufacturingImage: ServicesImage: Retail TradeImage: Wholesale Trade	Finance, Insurance, Real Estate     Construction      Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	nt? (Mark one.)
Yes (Indicate city and state of previous address and reason re No (Go to Question 19.) 321 SUNDIAL DRIVE WAITE PARK City/State of previous address NEW STRUCTURE-EXPAN Reason project not completed a	NSION
<ol> <li>Would the recipient have remained in previous location or refinancial assistance? (Mark one.)</li> </ol>	
C Remained at previous location Selocated to differe	ent Minnesota location 🛛 Relocated outside Minnesota
Section 3 General Information About the Agreeme	ent
20. Total dollar value of business subsidy or financial assistance ( <i>Please separate value by type in Questions 24 and 25.</i> )	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$2,430,000	12/10/01
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) 12/15/00	the business subsidy or financial assistance. For example, s placed into service, or the recipient occupied the property,
<ul><li>23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)</li><li>Cxbusiness subsidy</li></ul>	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
anot applicable, agreement provided financial assistance	🛚 not applicable, agreement provided a business subsidy
loan (only principal)       \$	<ul> <li>assistance for property polluted \$</li></ul>
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
☐ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
<ul> <li>redevelopment</li> <li>renewal and renovation</li> <li>soils condition</li> <li>conomic development</li> <li>mined underground space</li> </ul>	Sa No Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

Enhancing economic dive					
J Creating high-quality job J Job retention J Stabilizing the communit	growth		■ Increasing tax base ( → Other <i>(please specif</i> )		
<ol> <li>Indicate whether the ag at the time of this report</li> </ol>				e recipient had attai	ned those goals
<ul> <li>A) Specific wage and job go</li> <li>A) Other job-creation and/or</li> <li>C) Other wage goals</li> </ul>	r retention goals	S	established? dat 20 Yes ⊐ No 20 Yes ⊐ No □ Yes ⊐ No	rget attainment es (month & year)	All goals attained? Yes 20 No Yes 20 No Yes 20 No
)) Other goals other than w	age and job goa	115	□Yes □No		🗆 Yes 🗔 No
Please attach descriptions ( ttainment if not documente			•		
	age hourly valu	e of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full- FTE (only if goals not	oals for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	9				s
\$13.00 to \$14.99		· · · · · · · · · · · · · · · · · · ·			s
\$15.00 and higher			·		s
31. For each of the following date and the actual ho full-time equivalents if Hourly Wage (excluding benefits)	urly value of an	y employer-provided	nber of <b>actual</b> jobs create I health insurance for thos <i>tion into full- and part-tin</i> FTE ( <u>only</u> if unable to separate FT/PT) Job Creation	e jobs. ( <u>Only</u> indica	nce the benefit ate job creation in Hourly Value of Health Insuranc
less than \$7.00	creation	SUD CITATION	JUD CIEATION		
\$7.00 to \$8.99					s s
\$9.00 to \$10.99					·
\$11.00 to \$12.99	0				د ۲
\$13.00 to \$14.99					s
\$15.00 and higher					s
<u> </u>	<del></del>				

2001 Minnesota Business Assistance Form

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#### Section 5 Recipients Failing to Fulfill Obligations

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

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

#### EXHIBIT A

RECEIVED JUL 27

City of Waite Park Business Subsidy Criteria

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

- 1.01 The purpose of this document is to establish the criteria for the City of Waite Park (the "Grantor") for granting of business subsidies for private development. The criteria shall be used as a guide in the processing and reviewing applications requesting business subsidies.
- 1.02 The City's ability to grant business subsidies is governed by the limitations established in Minnesota Statutes 116J.993 through 116J.994 (the "Statutes").
- 1.03 Unless specifically excluded by the Statutes, business subsidies include grants by state or local government agencies, contributions of personal property, real property, infrastructure, the principal amount of a loan at rates below those commercially available to the recipient of the subsidy, any reduction or deferral of any tax or any fee, any guarantee of any payment under any loan, lease, or other obligation, or any preferential use of government facilities given to a business.
- 1.04 These criteria are to be used in conjunction with other relevant policies of the Grantor.
- 1.05 The City may deviate from these criteria by documenting in writing the reason(s) for the deviation. The documentation shall be submitted to the Department of Trade and Economic Development with the next annual report.
- 1.06 The Grantor may amend this document at any time. Amendments to these criteria are subject to public hearing requirements contained in the Statutes.

#### 2 **PUBLIC PURPOSE REQUIREMENT**

- 2.01 All business subsidies must meet a public purpose.
- 2.02 The creation or retention of jobs may be, but is not requited to be, a public purpose for granting a subsidy. The determination that jobs are not a public purpose for the subsidy and that the related wage and job goals are zero shall be made following a public hearing.
- 2.03 Job retention may only be used as a public purpose in cases where job loss is specific and demonstrable. The City shall document the information used to determined the nature of the job loss.

- 2.04 The creation of tax base shall not be the sole public purpose of a subsidy.
- 2.05 The wage floor for wages to be paid for the jobs created shall be a wage that shall provide a full-time employee with an annual income equal to 300% of the most recently published federal poverty guideline for a family size of one (presently this formula would provide an hourly wage of \$10.66). The City will seek to create jobs with higher wages as appropriate for the overall public purpose of the subsidy.

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

- 3.01 All new projects approved by City of Waite Park should meet the following minimum approval criteria. However, it should not be presumed that a project meeting these criteria will automatically be approved. Meeting these criteria creates noncontractual rights on the part of any potential developer.
- 3.02 To be eligible to receive a business subsidy, the recipient must meet the following minimum requirements:
  - a. The subsidy must achieve a public purpose.
  - b. The project must comply with local plans and ordinances.
  - c. The recipient shall provide information demonstrating that granting the subsidy is necessary for the proposed development to occur.
  - d. The recipient enters into an agreement pursuant to these criteria and the Statutes.
- 3.03 The business subsidy shall be provided within applicable state legislative restrictions, debt limit guidelines, and other appropriate financial requirements and policies.
- 3.04 The project must be in accord with the Comprehensive Plan and Zoning Ordinances, or required changes to the plan and Ordinances must be under active consideration by the City at the time of approval.
- 3.05 Business subsidies will not be provided to projects that have the financial feasibility to proceed without the benefit of the subsidy. in effect, business subsidies will not be provided solely to broaden a developer's profit margins on a project. Prior to consideration of a business subsidy request, the Grantor may undertake an independent firs, underwriting of the project to help ensure that the request for assistance is valid.
- 3.06 Prior to approval of a business subsidy, the developer shall provide any required market and financial feasibility studies, appraisals, soil boring, information provided to private lenders for the project, and other information or data that the Grantor or its financial consultants may require in order to proceed with an independent underwriting.

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- 3.07 Any developer requesting a business subsidy should able to demonstrate past successful general development capability as well as specific capability in the type and size of development proposed.
- 3.08 The developer must retain ownership of the project at least long enough to complete it, to stabilize its occupancy, to establish the project management, and to initiate repayment of the business subsidy, if applicable.
- 3.09 A recipient of a business subsidy must enter into a subsidy agreement with the Grantor as described in Section 4.
- 3.10 A recipient of a business subsidy must make a commitment to continue operations within the City for at least five years after the benefit date.
- 3.11 Any business subsidy will be the lowest possible level and least amount of time necessary, after the recipient maximizes the use of private debt and equity financing first.

#### 4 SUBSIDY AGREEMENT

- 4.01 In granting a business subsidy, the Grantor shall enter into a subsidy agreement with the recipient that provides the information, wage and job goals, commitments to provide necessary reporting data and recourse for fail to meet goals required by the Statutes.
- 4.02 The subsidy agreement may be incorporated into a broader development agreement for a project.
- 4.03 The subsidy agreement will describe the requirements for the recipient to provide the reporting information required by the Statutes.

Adopted by: City Council of the City of Waite Park, Minnesota

Date of adoption: October 10, 2000

Date of public hearing: October 10, 2000

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

RECEIVED JUL 27

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

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

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

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

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

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

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

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

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

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

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

RESOLUTION NO. 00-20

RESOLUTION ADOPTING A POLICY AND CRITERIA FOR GRANTING BUSINESS SUBSIDIES BE IT RESOLVED BY THE City Council (the "Council") of the City of Waite Park, Minnesota (the "City"), as follows:

1. Recitals.

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

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

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

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

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

#### **RESOLUTION NO. 00-21**

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

(A complete copy of the Resolution is hereby attached and made part of the minutes as Exhibit B) The motion for the foregoing resolution was duly seconded by Member Ringsmuth and unanimously approved.

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

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

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

RESOLUTION NO. 00-22

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

10/10/00



- - -

## **2001 Minnesota Business Assistance Form**

## RECEIVED JUN 4 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding c	ame of grantor (funding entity)		ting this form
Washington County		Robert Lockye	ear
3. Street address	P O Box 6	4. City	5. ZIP code
14949 62nd St. N.		Stillwater	MN 55082-0006
6. County	7. Phone number	8. Fax number	9. E-mail address
Washington	1651-430-6001	651-430-6017	Lockyear@co.washington.m

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

Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency	t (Mark one. If grantor is entity o, please indicate affiliation. For ould check "City government.")	<ol> <li>Has your organization he adopted criteria for aware compliance with Minn, S</li> </ol>	ling business sub	sidies in
City government		UYes (Indicate hearing date	e and	attach criteria
County government		🖻 No		
Regional government		U We held a public hearing h	ut have not yet a	dopted
State government		criteria (Indicate date of i	nitial hearing -	)
U Other (Please specify.)		Other (Please attach explan	Hation 1	•

13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)

 $\Box$  Yes (Complete the remainder of the form.)  $\Box = R$  No (Stop here, go to section 5 on page 4.)

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	e business subsi	dy or financia	il assistance
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>2 Yes (Indicate name and address of parent corporation below.</li> </ul>	If more than one is	ndicate ultimate		
D No	ij more intit one, ir	uncare unimare	. (/w//e/.)	
Name of parent corporation	Street address	City	State	ZIP code

2001 Minnesota Business Assistance Form



## 2001 Minnesota Business Assistance Form

## RECEIVED AUG 3 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
Washington County HRA		Barbara Dacy, Executive Director		
3. Street address		4. City	5. ZIP code	
321 Broadway Avenue		St. Paul Park	55071	
6. County	7. Phone number	8. Fax number	9. E-mail address	
Washington	6519458-6556	651-458-1696	bdacy@wchra.com	

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

Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one created by gov't agency, please ind example, a city EDA would check	dicate affiliation. For	12. Has your organization h adopted criteria for away compliance with Minn.	ding business su	bsidies in
City government		❑ Yes (Indicate hearing dat ☑ No	te and	<u>attach criteria</u> )
County government		U We held a public hearing	but have not vet	adopted
		criteria (Indicate date of	•	•
State government				

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

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

#### Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	<ol> <li>Address where business subsidy or financial assist will be used</li> </ol>			al assistance
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
□ Yes (Indicate name and address of parent corporation below. □ No	If more than one, ind	licate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

#### Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed	it on another 2001 MBAF sub	mitted to DIED.)
<ol> <li>During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11</li> </ol>		we any recipients who failed to
Yes (Indicate the name of each recipient failing to represent the recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	ncial assistance awarded to that
20 No		· · ·
Name of recipient Type of subsidy or assista	ance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul><li>34. Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that was a Yes (Complete the remainder of this sector)</li></ul>	were required to be fulfilled by the tim	ne of this report? (Mark one.)
<ul> <li>35 39. Provide the following information for each requirement to be attained by the time of reporting. (A</li> <li>35. Information on recipient and agreement:</li> </ul>		ther terms of an agreement that
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipient fulfilled its repayment obl	···· · · · · · · · · · · · · · · · · ·	
□ Yes □ No, recipient <u>has begun</u> to repay the assista	nce. INo, recipient has not begu	<u>n</u> to repay the assistance.
38. Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	ations? (Mark one.)
	🖵 Yes 🗖 No	
39. Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
	······································	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

·		-	· · · · · · · · · · · · · · · · · · ·
ANNESOZ	RECEN	VED JUN 1 8 2001	PR 22 1998
Economic	1998 Minneson	a Business Assi te return by April 15, 1998)	97-540
Development <sup>.</sup>	Please type or	print in dork Ink.	97-320
1. Funding government agency	A City of Wells	2 Contact name Amy Mech	າ
J. Agency street address 125 S. Broad	Nay	4. City Wells	
5. Zip code 560 13	6. Phone number (area code) 507 553-6373 7. Fax number (area code) 507 553-5(26	8. Type of gavernment agene; CityCounty Other (Picase indicate)	
	Products, Inc.	10. Industry of recipient (SIC	
11. Type of assistance (e.g. loan			ict No. 2-7
13. Date of business assistance agreement May 6, 1996	4. Date assistance first provided .	15. Date project (building/ teachinesy/ctc.) was placed in service	16. Dollar value of business assistance \$81, 932. 59
For assistance agreements signe through 22. For all agreements	ed between July 1, 1995 and Dec signed during 1998 and future ye	zmber 31, 1997, complete baxe ears, the information in boxes 21	s 17 through 20 or boxes 21 hrough 24 will be required.
17. Job creation goals for busin No # found		Average bourly wage level assistance NO # Fol	geals for business receiving
19. Actual jobs created since by	I part-time		e paid to employees hired since
Goals of business meeting ass number of employees at each w corresponding benefit level.)		Actual performance since proje indicate number of employees the corresponding benefit level	at each wage level and indicate
1 Full-time Part-time (excl less t \$7.00 \$8.00	ـــــــــــــــــــــــــــــــــــــ	Full-lime Part-time (exc less 57.0 58.0	(ban \$7.00 0 to \$7.99 0 to \$9.99
גובנים		5]2. If necessary, please anach addi	
25. Lusi date actual wage and je 27. Have all wage and job goals	been achieved? Yes - do t No - pica	26. Date this Minnesota Busine not submit future forms for this j submit this form in 1999.	Project

Init form replaces all previous forms. Please camplele 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 ochieved. 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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## 2001 Minnesota Business Assistance Form

# RECEIVED JUN 1 1 2001

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

#### Section 1 Information About Grantor

1001 Minus of During & Ardennas Exm

1. Name of grantor (funding entity)		2. Name of person completing SCOTT	g this form		
3. Street address	435		4. City West Concord	5. ZIP code	
6 County DOCCE		e number 537-3068	8. Fax number 507-537-2669	9. E-mail addre	Ver. Kkes co
10. Please indicate who <u> <u> <u> </u> /u></u>	in your organizat	ion should receive the 507-567-3140 Phone number	2002 MBAF if different from th 8 <u>PO Boy</u> Street address	e person in Questic <u>We5t (ONC</u> City	1
11. Classification of gra created by gov't age example, a city ED	ency, please indic	ate affiliation. For	<ol> <li>Has your organization hel adopted criteria for award compliance with Minn. St</li> </ol>	ling business subsid	lies in
City government County government Regional government State government Other (Please specify.)			<ul> <li>Yes (Indicate hearing date A No</li> <li>We held a public hearing bu criteria (Indicate date of in Other (Please attach expland)</li> </ul>	ut have not yet adop nitial hearing -	
			iness subsidy or financial assista nder Minn. Stat. §116J.993 and		
	(Complete the re	mainder of the form.)	✤No ( <u>Stop here</u> , go to section	on 5 on page 4.)	
Section 2 Informati	ion About Rec	cipient	ана страната на селото на село По селото на		
14 Name of business o	r organization		15. Address where business s	ubsidy or financial	assistance

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

#### Section 5 Recipients Failing to Fulfill Obligations

33. During the period Jan		on another 2001 MBAF suit 31, 2000. did your organization h .994? (Mark one.)	
recipient. Attach a	e of each recipient failing to repo dditional pages if necessary.)	rt and the value of subsidy or fina	incial assistance awarded to that
XX No			
Name of recipient	Type of subsidy or assistanc	e (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on	or after January 1, 2000, that wer	to achieve any goals or fulfill any re required to be fulfilled by the ti	me of this report? (Mark one.)
	omplete the remainder of this sec	tion.) 🏾 🖄 No (Stop here and st	ubmit form to DTED .)
		ient failing to fulfill goals or any o ach additional pages if necessary.	
35. Information on recipi	ent and agreement:		· ·
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):	· ·	
<ul> <li>recipient ceased operat.</li> <li>recipient was unable to</li> </ul>		<ul> <li>recipient relocated to a diffe</li> <li>other (Specify reason.)</li> </ul>	erent community
37. To date, has the recip	ient fulfilled its repayment obliga	ation? (Mark one.)	
🗆 Yes 🛛 No, recipient	has begun to repay the assistance	e. DNo, recipient has not beg	un to repay the assistance.
38. Has the agreement be	en amended to extend the recipie	nt's deadline for fulfilling its obli	gations? (Mark one.)
		Yes 🗆 No	·*;
39. Describe the steps be	ing taken to bring recipient into c	ompliance or recoup the subsidy:	· · · · · · · · · · · · · · · · · · ·
	<u></u>	<u> </u>	·
		#	

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

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

2001 Minnesota Business Assistance Form

RECEIVED JUN 1 1 2001 ANNESOTA 1999 Minnesota Business Assistance Form					
Please complete lines 1 throug	(Please return by April 1 h 16 for all agreements.	RECEIVED JUN	€ 2001 Economic Development		
1. Funding government agency WEST CONC		2. Contact name Scott Unst	ed		
3. Agency street address PO BDX 435		4. city West Concord			
5. Zip code 5 <b>6</b> 985	6. Phone number (area code) 507 - 537 - 2068 7. Fax number (area code) 507 - 537 - 2009	8. Type of government agency           X         City        County	_RegionalState		
9. Name of business receiving assistance CIPON PLUS INC.		10. Industry of recipient (SIC	code)		
11. Type of assistance (e.g. loa Small Busin	n, TIF, grant, infrastructure, etc.) CSS LOC N	12. Name of TIF district (if ap	plicable)		
13. Date of business assistance agreement 10-18-94	14. Date assistance first provided 11 - 1 - 95	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 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 h assistance		level goals for busi	ness receiving	
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.)		•	er of emplo	e project placed in se oyees at each wage l t level.)	`	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	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 docume	ntation.	If necessary, p	olease attac	h additional docume	ntation.

#### 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
	not submit future forms for this project. ase submit the <b>2000 Minnesota Business Assistance Form</b> .

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals 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 Minnesota Business Assistance Form RECEIVED JUN 1 1 2001

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

#### Section 1 Information About Grantor

1. Name of grantor (funding entity)		2. Name of person completing this form		
City of St.	Michael	Robert T. Der	rus	
3. Street address		4. City	5. ZIP code	
3150 Lander	Ave. NE	St. Michael	55376	
6. County	7. Phone number	8. Fax number	9. E-mail address	
Wright	(763) 497-2041	(763) 497-5306	stmike@ISD.net	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title Phone number		Street address	City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held adopted criteria for awardir compliance with Minn. Sta	ng business subsidies in	
X City government		□ Yes (Indicate hearing date -	and <u>attach criteria</u> )	
County government		No XXWe held a public hearing but have not yet adopted		
Regional government     State government		criteria (Indicate date of initial hearing)		
Cher (Please specify.)		Other (Please attach explanation.)		
		siness subsidy or financial assistan		

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

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

#### Section 2 Information About Recipient

<ol> <li>Name of business or organization receiving subsidy or financial assistance</li> </ol>	<ol> <li>Address where business subsidy or financial assistance will be used</li> </ol>			al assistance
	Street address	City	State	ZIP code
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li>Yes (Indicate name and address of parent corporation below.</li> <li>No</li> </ul>	If more than one, it	ndicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

### ucu Obligations

Do not complete this se	Failing to Fulfill Oblig ection if you completed	it on another 2001 MBAF sub	mitted to DTED.)
report as required by N	finn. Stat. §116J.993 and §1		
□ Yes (Indicate the name of recipient. Attach add	of each recipient failing to re ditional pages if necessary.)	eport and the value of subsidy or finar	ncial assistance awarded to that
XX No			
Name of recipient	Type of subsidy or assist	tance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization agreement signed on or	have any recipients who fail r after January 1, 2000, that	ed to achieve any goals or fulfill any o were required to be fulfilled by the tin	other obligations under an ne of this report? <i>(Mark one.)</i>
□ Yes (Con	nplete the remainder of this	section.) 🛛 🗓 No (Stop here and su	bmit form to DTED .)
		ccipient failing to fulfill goals or any o (Attach additional pages if necessary.,	
35. Information on recipier	nt and agreement:		
Name of recipient in defaul	t	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (1	Mark all that apply.):		
<ul> <li>recipient ceased operatio</li> <li>recipient was unable to fill</li> </ul>		<ul> <li>recipient relocated to a difference</li> <li>other (Specify reason.)</li> </ul>	ent community
37. To date, has the recipie	ent fulfilled its repayment ob	ligation? (Mark one.)	
🗅 Yes 🛛 🗅 No, recipient <u>h</u>	as begun to repay the assista	ance. 🛛 🖸 No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been	n amended to extend the rec	ipient's deadline for fulfilling its oblig	ations? (Mark one.)
·		🗅 Yes 🗅 No	
39. Describe the steps bein	g taken to bring recipient in	to compliance or recoup the subsidy:	

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Department of Trade and Economic Development

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#### 2001 Minnesota Business Assistance Form RECEIVED JUN 6 2001

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

#### Section 1 Information About Grantor 1. Name of grantor (funding entity) 2. Name of person completing this form James Robinson City of White Bear Lake 3. Street address 4. City ZIP code White Bear Lake 55110 4701 Highway 61 9. E-mail address robinson@whitebearlake. 6. County 7. Phone number 8. Fax number 651-429-8562 651-429-8503 Ramsey org 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Same Name/Title Phone number Street address ZIP code City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate affiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) City government QYes (Indicate hearing date - \_\_\_\_\_ and attach criteria) County government M No C Regional government U We held a public hearing but have not yet adopted □ State government criteria (Indicate date of initial hearing -□ Other (Please attach explanation.) Other (Please specify.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) No (Stop here, go to section 5 on page 4.) □ Yes (Complete the remainder of the form.)

Section 2 Information About Recipient					
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used				
	Street address	City	State	ZIP code	
<ul> <li>16. Does the recipient have a parent corporation? (Mark one.)</li> <li><sup>(1)</sup> Yes (Indicate name and address of parent corporation below.</li> <li><sup>(1)</sup> No</li> </ul>	If more than one, in	idicate ultimate	? owner.)		
Name of parent corporation	Street address	City	State	ZIP code	

2001 Minnesota Business Assistance Form

#### Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you comple	eted it on another 2001 MBAF sub	mitted to DTED.)
<ol> <li>During the period January 1, 2000 through Dereport as required by Minn. Stat. §116J.993 and</li> </ol>		ave any recipients who failed to
<ul> <li>Yes (Indicate the name of each recipient failing recipient. Attach additional pages if necessary No</li> </ul>		ncial assistance awarded to that
Name of recipient Type of subsidy or a	ssistance (See Questions 24 and 25.)	Value of subsidy or assistance
<ul> <li>34. Did your organization have any recipients who agreement signed on or after January 1, 2000,</li> <li>□ Yes (Complete the remainder of the second secon</li></ul>	that were required to be fulfilled by the tir	me of this report? (Mark one.)
<ul><li>35 39. Provide the following information for eac were to be attained by the time of reportir</li><li>35. Information on recipient and agreement:</li></ul>		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<ul> <li>recipient ceased operation</li> <li>recipient was unable to fill vacant positions</li> </ul>	<ul> <li>recipient relocated to a differ</li> <li>other (Specify reason.)</li> </ul>	-
37. To date, has the recipient fulfilled its repayment	nt obligation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·
□ Yes □ No, recipient <u>has begun</u> to repay the as	ssistance. D No, recipient has not begu	an to repay the assistance.
38. Has the agreement been amended to extend the	recipient's deadline for fulfilling its oblight	gations? (Mark one.)
	🗅 Yes 🗆 No	
39. Describe the steps being taken to bring recipier	nt into compliance or recoup the subsidy:	· · · · · · · · · · · · · · · · · · ·
		······
	· · ·	<u>.</u>

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

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

Page 4 of 4

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## **APPENDIX N:**

## Minnesota Statutes 116J.991

"A business that receives state or local government assistance for economic development or job growth purposes must create a net increase in jobs in Minnesota within two years of receiving the assistance.

The government agency providing the assistance must establish wage level and job creation goals to be met by the business receiving the assistance. A business that fails to meet goals must repay the assistance to the government agency.

Each government agency must report the wage and job goals and the results for each project in achieving those goals to the Department of Trade and Economic Development. The department shall compile and publish the results of the reports for the previous calendar year by June 1 of each year. The reports of the agencies to the department and the compilation report of the department shall be made available to the public.

For the purposes of this section, 'assistance' means a grant or loan in excess of \$25,000, or tax increment financing."

## **APPENDIX O:**

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

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Agency Name MN Dept of Agriculture	Business Receiving Assistance Heartland Energy Inc	Dollar Value \$50,000	Goals Acheived N/A
LeCenter, City of	Factor Motors	\$130,000	N/A
LeCenter, City of	Mr Garage	\$50,000	N/A
LeCenter, City of	House of Insurance	\$58,000	N/A
LeCenter, City of	Max Johnson Trucking	\$76,000	N/A
Detroit Lakes, City of	Midwest MN Community Development Corp	\$409,250	N/A
MN Dept of Agriculture	Haubenschild Farm Inc	\$150,000	N/A
LeCenter, City of	Goldsneye Products	\$200,000	N/A
MN Dept of Agriculture	MN Valley Alfalfa Producers	\$29,000	N/A
Waterville, City of	Prosch-Dennis Funeral Home	\$137,850	N/A
MN Rural Finance Authority	Minnesota Energy	<b>\$</b> 500,000	N/A
MN Rural Finance Authority	Chippewa Valley Ethanol Co.	\$500,000	N/A
MN Rural Finance Authority	Al-Corn Clean Fuels	\$500,000	N/A
North Branch EDA	New Town Furniture Inc	\$220,000	N/A
Duluth EDA	DMR Consulting Group Inc	\$120,000	N/A
St. Paul Port Authority	Bro-Tex Inc	\$2,000,000	N/A
St. Paul Port Authority	Versa Iron and Machine Co.	\$2,000,000	N/A
Duluth EDA	Crossroads Flux Inc.	\$31,575	N/A
MN Dept of Agriculture	Prairie Farmers Cooperative	\$47,200	N/A
Luverne EDA	Fulda Electric	\$77,000	Yes
Luverne EDA	Kevin Aaker	\$153,000 \$40,000	Yes
Luverne EDA	Cor-Tech Manufacturing	\$40,000 \$150,000	Yes Yes
Luverne EDA	Tri State Ins		Yes
Eagan, City of	Roseville Properties	\$300,000	
St. Peter EDA	W.M. Gustafson Dr. Steven Moore dba Chiropractic Holistic Health Care Center	\$100,000	Yes Yes
St. Peter, City of	Citizens Scholarship Foundation	\$40,000	Yes
St. Peter EDA St. Peter EDA	Blake Dirks OD	\$150,000 \$150,000	Yes
	Imation	\$150,000 \$3,500,000	Yes
Oakdale, City of St. Peter EDA	Terrasol Restoration	\$130,000	Yes
Gaylord, City of	Unified Container Solutions Inc	\$364,500	Yes
Perham, City of	Industrial Finishing Services	\$150,000	Yes
Perham, City of	Richard T. Bucholz	\$150,000	Yes
Perham, City of	Neyens Well Drilling Inc.	\$85,000	Yes
Perham, City of	Minnesota Metalworks Inc	\$150,000	Yes
Perham, City of	Foster Strand dba Foster's Marine Service	\$75,000	Yes
Richfield HRA	Meridan Properties Real Estate Development LLC	\$7,028,553	Yes
St. Peter, City of	LJP Enterprises	\$40,000	Yes
Richfield HRA	Gramercy Park Cooperative at Lake Shore Drive	\$2,230,174	Yes
St. Peter, City of	St. Peter Cinema 5 LLC	\$220,000	Yes
Henning EDA	TNT	\$27,500	Yes
Chisago County HRA-EDA	South Dakota Furniture Mart	\$170,000	Yes
St. Peter, City of	Super 6 Wash & Lube Inc	\$40,000	Yes
New Prague, City of	MN Valley Engineering	\$500,000	Yes
St. Peter, City of	River Valley Industries	\$40,000	Yes
Richfield HRA	Richfield State Agency	\$9,500.000	Yes
St. Peter, City of	Linguistic Technologies	\$40,000	Yes
Richfield HRA	The Limited Inc	\$2,390,926	Yes
Burnsville EDA	Powder Technology LLP	\$105,840	Yes
Port Authority of Winona	Downtown Dental	\$50,000	Yes
Burnsville EDA	Bluffs West Partnership	\$410,124	Yes
Burnsville EDA	Bluffs West Partnership (II)	\$236,491	Yes
Burnsville EDA	F.R. Acquisitions Inc	\$173,449	Yes
Department of Trade and Economic Development	MIN Aqua Fisheries	\$40,000	Yes
Burnsville EDA	Hoyt Properties Inc	\$203,184	Yes
Benton County	St. Cloud Tire	\$150,000	Yes
Burnsville EDA	Nicollet Cliff Company LLC	\$193,808	Yes
Swift County	Custom Ag Products Inc	\$275,000	Yes
Burnsville EDA	Southern Lights Inc	\$325,735	Yes
Burnsville EDA	RDO Equipment Co. (Vermeer Division)	\$56,406	Yes
Burnsville EDA	R.D.A. LLC	\$421,130	Yes
Burnsville EDA	Bohn Properties Limited Partnership II	\$1,097,200	Yes
Burnsville EDA	Waymar Properties LLP	\$722,638	Yes
Burnsville EDA	Tires Plus Group Ltd	\$272,796	Yes
Burnsville EDA	Transcom Inc. (John E. Rice)	\$132,070	Yes
Burnsville EDA	Lac Lavon Partners LLC	\$56,400	Yes
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Lakeville, City of	Verified Credentials Inc	\$150,000	Yes

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Agency Name	Business Receiving Assistance	Dollar Value	Goals Acheived
MN Dept of Agriculture	Heartland Energy Inc	\$50,000	N/A
LeCenter, City of	Factor Motors	\$130,000	N/A
LeCenter, City of	Mr Garage	\$50,000	N/A
LeCenter, City of	House of Insurance	\$58,000	N/A
LeCenter, City of	Max Johnson Trucking	\$76,000	N/A
Detroit Lakes, City of	Midwest MN Community Development Corp	\$409,250	N/A
MN Dept of Agriculture	Haubenschild Farm Inc	\$150,000	N/A
LeCenter, City of	Goldsneye Products	\$200,000	N/A
MN Dept of Agriculture	MN Valley Alfalfa Producers	\$29.000	N/A
Waterville, City of	Prosch-Dennis Funeral Home	\$137,850	N/A
MN Rural Finance Authority	Minnesota Energy	\$500,000	N/A
MN Rural Finance Authority	Chippewa Valley Ethanol Co.	\$500,000	N/A
MN Rural Finance Authority	Al-Corn Clean Fuels	\$500,000	N/A
North Branch EDA	New Town Furniture Inc	\$220,000	N/A
Duluth EDA	DMR Consulting Group Inc	\$120,000	N/A
St. Paul Port Authority	Bro-Tex Inc Versa Iron and Machine Co.	\$2,000,000	N/A
St. Paul Port Authority	Crossroads Flux Inc.	\$2,000,000	N/A
Duluth EDA	Prairie Farmers Cooperative	\$31,575	N/A N/A
MN Dept of Agriculture	Fulda Electric	\$47,200 \$77,000	
Luverne EDA	Kevin Aaker	\$77.000 \$153.000	Yes
Luverne EDA		\$153,000	Yes
Luverne EDA	Cor-Tech Manufacturing	\$40,000	Yes
Luverne EDA	Tri State Ins Roseville Properties	\$150,000	Yes Yes
Eagan, City of	W.M. Gustafson	\$300,000	Yes
St. Peter EDA	Dr. Steven Moore dba Chiropractic Holistic Health Care Center	\$100,000	Yes
St. Peter, City of St. Peter EDA	Citizens Scholarship Foundation	\$40.000 \$150.000	Yes
St. Peter EDA	Blake Dirks OD	\$150,000	Yes
Oakdale, City of	Imation	\$3,500,000	Yes
St. Peter EDA	Terrasol Restoration	\$130,000	Yes
Gaylord, City of	Unified Container Solutions Inc	\$364,500	Yes
Perham, City of	Industrial Finishing Services	\$150,000	Yes
Perham, City of	Richard T. Bucholz	\$150,000	Yes
Perham, City of	Neyens Well Drilling Inc.	\$85,000	Yes
Perham, City of	Minnesota Metalwork's Inc	\$150,000	Yes
Perham, City of	Foster Strand dba Foster's Marine Service	\$75,000	Yes
Richfield HRA	Meridan Properties Real Estate Development LLC	\$7,028,553	Yes
St. Peter, City of	LJP Enterprises	\$40.000	Yes
Richfield HRA	Gramercy Park Cooperative at Lake Shore Drive	\$2,230,174	Yes
St. Peter, City of	St. Peter Cinema 5 LLC	\$220,000	Yes
Henning EDA	TNT	\$27,500	Yes
Chisago County HRA-EDA	South Dakota Furniture Mart	\$170,000	Yes
St. Peter, City of	Super 6 Wash & Lube Inc	\$40,000	Yes
New Prague, City of	MN Valley Engineering	\$500,000	Yes
St. Peter, City of	River Valley Industries	\$40,000	Yes
Richfield HRA	Richfield State Agency	\$9,500,000	Yes
St. Peter, City of	Linguistic Technologies	\$40,000	Yes
Richfield HRA	The Limited Inc	\$2,390,926	Yes
Burnsville EDA	Powder Technology LLP	\$105,840	Yes
Port Authority of Winona	Downtown Dental	\$50,000	Yes
Burnsville EDA	Bluffs West Partnership	\$410,124	Yes
Burnsville EDA	Bluffs West Partnership (II)	\$236.491	Yes
Burnsville EDA	F.R. Acquisitions Inc	\$173,449	Yes
Department of Trade and Economic Development	MIN Aqua Fisheries	\$40,000	Yes
Burnsville EDA	Hoyt Properties Inc	\$203,184	Yes
Benton County	St. Cloud Tire	\$150,000	Yes
Burnsville EDA	Nicollet Cliff Company LLC	\$193,808	Yes
Swift County	Custom Ag Products Inc	\$275,000	Yes
Burnsville EDA	Southern Lights Inc	\$325,735	Yes
Burnsville EDA	RDO Equipment Co. (Vermeer Division)	\$56,406	Yes
Burnsville EDA	R.D.A. LLC	\$421,130	Yes
Burnsville EDA	Bohn Properties Limited Partnership II	\$1,097,200	Yes
Burnsville EDA	Waymar Properties LLP	\$722.638	Yes
Burnsville EDA	Tires Plus Group Ltd	\$272,796	Yes
Burnsville EDA	Transcom Inc. (John E. Rice)	\$132,070	Yes
Burnsville EDA	Lac Lavon Partners LLC	\$56,400	Yes
Lakeville, City of	Verified Credentials Inc	\$150,000	Yes
Benton County	Bauerly Brothers Inc	\$176,000	Yes

Agency Name	Business Receiving Assistance	Dollar Value	<b>Goals Acheived</b>
Benton County	Engel Metallurgical	\$80,000	Yes
Benton County	Granite City Armored Cars	\$140,000	Yes
Brainerd. City of	Borden Steinbauer Krueger	\$25,800	Yes
New Prague, City of	Neil Dornbusch Associates	\$37,000	Yes
Faribault, City of	Bridgewater Tech., Inc.	\$175.000	Yes
New Brighton, City of	Brighton East Office Center	\$300,000	Yes
Fairmont, City of	Chesley Freightliners	\$75,000	Yes
Lakeville, City of	Itron. Custom A.s. Products Inc.	\$200,000	Yes Yes
Swift County RDA Lakeville, City of	Custom Ag Products Inc Technical Methods Inc	\$25.875 \$142,000	Yes
Breezy Point, City of	Whitebirch Inc	\$400,020	Yes
Burnsville EDA	Asset Marketing Development Associates LLC	\$1,376,838	Yes
Verndale, City of	Verndale Truss Inc.	\$79.000	Yes
Brooklyn Park EDA	Ryan Companies/Interstate Business Center II	\$429,750	Yes
Winsted, City of	RAM Buildings Inc.	\$237,464	Yes
Benton County	TLC University	\$85,000	Yes
Lakeville, City of	Di-Hed Yokes Inc	\$433,644	Yes
St. Louis County	NWA	\$600,000	Yes
Duluth EDA	Holiday Inn of Tucumcari for Canal Park Inn	\$300,000	Yes
Ramsey, City of	Direct Enclosures Inc.	\$311.052	Yes
Ramsey, City of	Life Fitness	\$900,000	Yes
Ramsey, City of	Anderson & Dahlen Inc	\$441,000	Yes
Dunnell, City of	Hwy 4 Store - Alice Hannegrefs	\$60,000	Yes
Hugo, City of	Schwieters Properties	\$212,188	Yes
Faribault, City of	Jerome Foods, The Turkey Store	\$245,000	Yes
Duluth EDA	Canal Properties Inc. for Hampton Inn	<b>\$</b> 230,000	Yes
Duluth EDA	A & L Development Inc. (Technology Village)	\$50,000	Yes
Moorhead, City of	Wayne Christianson DDS-Family Dentistry of Moorhead Ltd	\$35,000	Yes
Moorhead, City of	Northland Dental	\$80,000	Yes
Moorhead, City of	DAAN Development of Moorhead LLC	\$270,800	Yes
Wabasso, City of	Jonti-Craft	\$150,000	Yes
Fountain, City of	Valley Design Inc.	\$117,100	Yes
Fountain, City of	Valley Design Inc	\$453,050	Yes
Barnsville EDA	DMT Properties	<b>\$</b> 100,000	Yes
Owatonna EDA	RJF Windows & Doors	\$50,000	Yes
St. Paul Port Authority	Siewert Properties LLc (Ideal Printers Inc.)	\$252,648	Yes
Woodbury, City of	CSM Properties Inc.	\$50,000	Yes
Woodbury, City of	Technical Properties LLC	\$249,900	Yes
Monticello EDA	Mainline Distribution Properties	\$100,000	Yes
Monticello HRA	Midwest Graphics and Response Systems Inc	\$181.000	Yes
Ham Lake, City of	Signs of Perfection Inc	\$25,000	Yes
Duluth EDA	J.M.M. Limited Partnership	\$450.000	Yes
Orr, City of	Bruns Inc	\$50,000	Yes
Duluth EDA	Industrial Resources Corp for Cirrus Phase II	\$885,000	Yes
Owatonna EDA	Ribbonlift Inc.	\$67,000	Yes
Owatonna EDA	Rental Station Inc.	\$50,000	Yes
Owatonna EDA	Hometown Motors	\$50,000	Yes
Renville, City of	Midwest Investors dba Golden Oval Eggs	\$434,819	Yes
Renville, City of	MinAqua Fisheries	\$40,000	Yes
Renville, City of	CAS, Waker Implement	\$46.018	Yes
White Bear Township	State Tool	\$110,000	Yes
Sartell, City of	Care Call	\$295,667	Yes
Burnsville EDA	Paul Gonyea	\$84.000	Yes
Sebeka, City of	Diamond Tool Inc	\$100,000	Yes
Melrose Area Development Authority	Funky's Restaurant & Lounge	\$150,000	Yes
Melrose Area Development Authority	Melrose Marine & sports Inc	\$255.600	Yes
Brooks, City of	Paradis Bros LLP	\$390,867	Yes
New Ulm, City of	B n W Properties	\$47,500	Yes
New Ulm, City of	Palm Beach Marinecraft Inc	\$250,000	Yes
Department of Trade and Economic Development	Custom Polymer Specialist Inc	\$40,000	Yes
Freeborn County HRA	(EXOL) Agra Resources Coop	\$3,200,000	Yes
Department of Trade and Economic Development	Jonti Craft Inc.	\$150.000	Yes
Faribault, City of	Gray Wolf Manufacturing	\$50.000	Yes
Burnsville EDA	Skyservice Investments LLP	\$297.859	Yes
Faribault, City of	MDC Development LLD	\$160,000	Yes
Faribault, City of	Sellner Manufacturing Co.	\$100,000	Yes
Faribault, City of	Sparcks Manufacturing	\$100,000	Yes
Brainerd, City of	Meridan Properties	\$250,000	Yes

Agency Name	Business Receiving Assistance	Dollar Value	Goals Acheived
Carver, City of	Carver Depot	\$30,000	Yes
Lindstrom, City of	Nyborg Enterprises Inc	\$50,000	Yes
Brainerd, City of	Brainerd Mobil	\$50,000	Yes
White Bear Township White Bear Township	Com-tal Machine & Engineering Water Gremlin Co.	\$460.000	Yes Yes
White Bear Township	EPI	\$188,313 \$3,791,000	Yes
White Bear Township	St. Croix Valley Hardwoods	\$335,000	Yes
Jackson, City of	Ag Chem Equipment Co Inc.	\$50,000	Yes
Department of Trade and Economic Development	Liberty Paper Inc.	\$500,000	Yes
Fergus Falls, City of	MRLB International Inc	\$150,000	Yes
New York Mills EDA	Industrial Finishing Services	\$110.000	Yes
Rochester, City of	Gauthier Industries	\$291,000	Yes
Rochester, City of	Rochester Meats	\$40,000	Yes
Edina HRA	South Edina Development Corp (Phase 3 Office)	\$1,772,000	Yes
Edina HRA	South Edina Development Corp (Phase 4 Office)	\$1,772,000	Yes
Edina HRA	South Edina Development Corp (Phase 5 Office)	\$1,772,000	Yes
Brooklyn Park EDA	General Property Investors LLP	\$119,000	Yes
Department of Trade and Economic Development	American Business Forms	\$195,000	Yes
Hastings, City of	Eischen Cabinet Co.	\$36,154	Yes
Caledonia, City of	Winnebago Software Company	\$90,000	Yes
St. Joseph, City of	SKN Property LLC	\$145,000	Yes
Department of Trade and Economic Development	Fastenal Company	\$80,000	Yes
St. Paul Port Authority	Viking Automatic Sprinkler	\$348,479	Yes
Cook County	East Bay Hotel	\$100,000	Yes
Department of Trade and Economic Development	Willmar Manufacturing	\$110,000	Yes
Department of Trade and Economic Development	Partridge River	\$57,000	Yes
Department of Trade and Economic Development	Davidson Printing	\$40,500	Yes
Department of Trade and Economic Development	Bend Tec	\$37,500	Yes
Cook County	Devil Track Partners LLC Mol ed LLP	\$100,000 \$126,076	Yes
Lino Lakes EDA Lino Lakes EDA	McLad LLP NOL-TEC, LLC	\$126.076 \$54,000	Yes Yes
Lino Lakes EDA	Lino Lakes Business Center Phases V, VI, VII, VIII	\$532,720	Yes
DTED (MN Ag & Econ Dev Board)	Endress Processing	\$2,995,000	Yes
St. Paul Port Authority	Advance Corp	\$70,000	Yes
Anoka, City of	Kenmark Partnership (Capco)	\$232,162	Yes
Anoka, City of	Retailer Services Corp	\$188,359	Yes
DTED (MN Ag & Econ Dev Board)	Sparta Foods	\$1,950,000	Yes
Anoka, City of	Meier Tool	\$246,422	Yes
Anoka, City of	Case & Associates	\$104,775	Yes
New Brighton, City of	Brighton East Office Center	\$300,000	Yes
Montevideo CDC	Genesis Properties	\$150,000	Yes
Department of Trade and Economic Development	Cardiac Pacemakers (Arden Hills)	\$300,000	Yes
Spicer, City of	Vine Valley Distribution	\$57,000	Yes
DTED (MN Ag & Econ Dev Board)	Formative Engineering	\$1,700,000	Yes
Anoka, City of	Mate Precision Tooling	\$872,510	, Yes
Elk River EDA	Supercats Inc	\$79,000	Yes
Elk River EDA	Associated Investors of Elk River	\$2,811,000	Yes
Caledonia, City of Department of Trade and Economic Development	Milton & Sharon Schoeberl	\$90,000	Yes
Department of Trade and Economic Development Anoka, City of	Product Research & Dev (Bagley) The F. Dohmen Co	\$199,000 \$605,457	Yes
Department of Trade and Economic Development	Chorus Corporation (WBT)	\$695,457 \$75,000	Yes
Department of Trade and Economic Development	MN Diversified Industries (Mpls)	\$200,000	Yes
Department of Trade and Economic Development	Onan (Fridley)	\$360,000	Yes
Department of Trade and Economic Development	Ecolab ( St. Paul)	\$500,000	Yes
Department of Trade and Economic Development	ADC Telecommunications (Shakopee)	\$250,000	Yes
Department of Trade and Economic Development	Industrial Door (Coon Rapids)	\$100,000	Yes
Department of Trade and Economic Development	Vision Ease (Ramsey)	\$200,000	Yes
Department of Trade and Economic Development	Value Rx (Plymouth)	\$500,000	Yes
Department of Trade and Economic Development	Possis Medical (Coon Rapids)	\$175,000	Yes
Department of Trade and Economic Development	Cardiac Pacemakers (Arden Hills)	\$300,000	Yes
Department of Trade and Economic Development	Medtronics Inc. (Columbia Heights)	\$500,000	Yes
Department of Trade and Economic Development	St. Croix Valley Hardwoods (WBT)	\$150,000	Yes
Department of Trade and Economic Development	Rainbow Signs (Anoka)	\$200,000	Yes
Department of Trade and Economic Development	Seagate Technology (Hennepin Co)	\$5,000,000	Yes
St. Paul Port Authority	National Checking Co.	\$418,176	Yes
Department of Trade and Economic Development	Cabinet Components & Distribution	\$100,000	Yes
Department of Trade and Economic Development	Amsopolaris Industries Inc (Roseau)	\$182,500	Yes
Department of Trade and Economic Development	Amsolnew Flyer of America (Crookston)	\$300,000	Yes

Agency Name Burnsville EDA	Business Receiving Assistance Rigig Hitch Inc	Dollar Value \$740,850	Goals Acheived Yes
Department of Trade and Economic Development	Amsolvay Pharmaceuticals Inc	\$500,000	Yes
Austin, City of	Austin Packaging Co	\$199,000	Yes
Department of Trade and Economic Development	Copper Sales (Anoka)	\$250,000	Yes
Department of Trade and Economic Development	Standard Iron	\$110,000	Yes
Department of Trade and Economic Development	Homecrest Industries Inc	\$200,814	Yes
Gaylord, City of	Gold Leaf Inn & Suites	\$223,155	Yes
Department of Trade and Economic Development	Harkers Distribution (Fridley)	\$45,000	Yes
Department of Trade and Economic Development	Reinhart Food Service (Rogers)	\$199,500	Yes
Department of Trade and Economic Development	Webway	\$220,000	Yes
Department of Trade and Economic Development	New Flyer USA Inc	\$500,000	Yes
Anoka, City of	Midwest Fixture Group	\$252,700	Yes
Department of Trade and Economic Development	Energy Economics	\$80,000	Yes
Burnsville EDA	Hi-Tech Floors Inc	\$137,876	Yes
Jackson, City of	B & H Mfg Inc	\$100,000	Yes
Brooklyn Park EDA	Technical Resin Packaging	\$60,000	Yes
Brooklyn Park EDA	AQE Park Limited	\$96,000	Yes
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center 2	\$235,000	Yes
Department of Trade and Economic Development	Dixie Carbonic Inc	\$200,000	Yes
DTED (MN Ag & Econ Dev Board)	Waymar Properties	\$4,965,000	Yes
Burnsville EDA	Caire Inc.	\$1,664,586	Yes
Department of Trade and Economic Development	Alexandria Extrusion	\$350,000	Yes
Department of Trade and Economic Development	Lor-Al	\$75,000	Yes
Department of Trade and Economic Development	Custom Ag Products	\$100,000	Yes
Burnsville EDA	Fort Dodge Properties	\$111,000	Yes
Burnsville EDA	Darrel and Chris Gonyea	\$120,672	Yes
Jackson, City of	Sleepy 8, LLC dba Super 8 Motel	\$75,000	Yes
Department of Trade and Economic Development	Voyager Supply	\$125,000	Yes
Brooklyn Park EDA	Duke Realty Investments Inc. Crossroads North Business Center I	\$517,000	Yes
Department of Trade and Economic Development	Fagen Engineering Inc	\$197,000	Yes
Department of Trade and Economic Development	Formative Engineering	\$100,000	Yes
Burnsville EDA	JRL & Associates LLP	\$33,265	Yes
Burnsville EDA	Clayton & Beverly Larson (for Northwest Bituminous	\$60,000	Yes
Department of Trade and Economic Development	Tri State Insurance	\$150,000	Yes
Department of Trade and Economic Development	Boder City Building Systems	\$75,000	Yes
MCDA	As Soon As Possible Inc.	\$550,000	Yes
MCDA	Harbinger Industries	\$40,000	Yes
MCDA	New French bakery	\$75,000	Yes
MCDA	Siewert Cabinet & Fixture	\$75,000	Yes
MCDA	Baker Bearing	\$75,000	Yes
MCDA	Malcolm Properties LLC	\$1,000,000	Yes
Warroad Port Authority	Duckwall - ALCO Stores Inc	\$95,423	Yes
Burnsville EDA	The Hegedus Family LLP	\$180,000	Yes
Red Wing Port Authority	Lab Boy Enterprises LLC	\$102,500	Yes
Cook County	Hillhaven Homes Plus	\$50,000	Yes
Department of Trade and Economic Development	Gold'N'Plump Poultry	\$200,000	Yes
Department of Trade and Economic Development	Northwest Airlines	\$500,000	Yes
Department of Trade and Economic Development	Northwest Airlines	\$100,000	Yes
MCDA	Ambassador Press	\$149,123	Yes
Montevideo, City of	Genesis Properties	\$500,000	Yes
Montevideo, City of	SRK, LLC	\$150,000	Yes
Department of Trade and Economic Development	Moline Machinery	\$75,000	Yes
Department of Trade and Economic Development	National Steel	\$500,000	Yes
New Ulm, City of	S & H Capital LLC	\$33,375	Yes
Burnsville EDA	Aquila Corporation dba BELCORP	\$317,120	Yes
Burnsville EDA	Industrial Equities LLP	\$335,200	Yes
Red Wing Port Authority	Antique America	\$540,000	Yes
Montevideo, City of	SL Montevideo Technology	\$250,000	Yes
Department of Trade and Economic Development	K-Bar Industries Inc.	\$300,000	Yes
Red Wing Port Authority	Food Service Specialities	\$653,950	Yes
DTED (MN Ag & Econ Dev Board)	New Morning Windows	\$4,965,000	No
Department of Trade and Economic Development	Point Rejuvenate/Kidspeace	\$293,000	No
Department of Trade and Economic Development	Sparks Manufacturing Inc	\$85,000	No
Department of Trade and Economic Development	United Parcel Service (Maple Grove)	\$300,000	No
Fergus Falls, City of	Norcon Resources LLP	\$302,300	No
	Aries Precision Sheet Metal Co.	\$692.604	No
St. Paul Port Authority St. Paul Port Authority	Aries Precision Sheet Metal Co. G & K Services Inc	\$692,604 \$405,979	No No

Warrand DerivHeigen Charges LLC5100.00NoAustin, Cliy ofPalleton Do NN Inc.56.203NoDepartment of Trake and Economic DevelopmentAron Carlson Woodworking510.000NoParton Deriv AgedAron Carlson Woodworking510.000NoDParton of Trake and Economic DevelopmentInternational Carlson Woodworking510.000NoDParton of Trake and Economic DevelopmentInternational Carlson Woodworking510.000NoDParton of Trake and Economic DevelopmentAlcan Maid & Prateria Inc.510.000NoData Labe, Cliy ofAlcan Maid & Prateria Inc.510.000NoData Labe, Cliy ofAlcan Maid & Prateria Inc.510.000NoDispartment of Trake and Economic DevelopmentAlcan Carlson Maid & Prateria Inc.510.000NoDispartment of Trake and Economic DevelopmentKarlson Maid & Prateria Inc.510.000NoDispartment of Trake and Economic DevelopmentKarlson Maid & Prateria Inc.510.000NoDispartment of Trake and Economic DevelopmentKarlson Maid & Prateria Inc.510.000NoDispartment of Trake and Economic DevelopmentKarlson Karlson Maid510.000NoDispartment of Trake and Economic DevelopmentKarlson Karlson Karlson	Agency Name	Business Receiving Assistance	Dollar Value	Goals Acheived
Department of Trade and Economic DevelopmentAnon Carlston Woodworking\$14,27,300NoDTED (DN Ag & Econ Dev Board)Antte Acquisition Corp\$18,000NoDETE (DN Ag & Econ DevelopmentLine and Economic DevelopmentLine and Economic DevelopmentNoDTED (DN Ag & Econ DevelopmentLine and Economic DevelopmentNoBalause, City ofADC Telecommunications inc\$17,10000NoShalapee, City ofADC Telecommunications inc\$17,10000NoDepartment of Trade and Economic DevelopmentADC Telecommunications inc\$17,10000NoDepartment of Trade and Economic DevelopmentMcdia Con (\$1, Pa)\$30,0000NoDepartment of Trade and Economic DevelopmentMcdia Con (\$1, Pa)\$30,000NoDepartment of Trade and Economic DevelopmentMcdia Con (\$1, Pa)\$30,000NoDepartment of Trade and Economic DevelopmentMcdia Con (\$1, Pa)\$35,000NoDepartment of Trade and Economic DevelopmentMcdia Con (\$1, Pa)\$35	Warroad Port Authority	<b>o</b> 1	\$100,000	No
Shabaye, City of         Saagae Technology         \$127.000         No           DETD (MA Ag, Econ Dev Boorni, Development         Lehman Farns         \$16.012         No           DETD (MA Ag, Econ Dev Boorni, Development         Atesachia Earnavion         \$19.950.000         No           Dataspec, City of         Atesachia Earnavion         \$19.950.000         No           Dataspec, City of         Atesachia Earnavion         \$10.000         No           Department of Trade and Economic Development         Accesachia Economy         \$10.000         No           Department of Trade and Economic Development         Exection-Henderson         \$17.0000         No           Department of Trade and Economic Development         Exection-Henderson         \$17.0000         No           Department of Trade and Economic Development         Exection-Henderson         \$17.0000         No           Department of Trade and Economic Development         Con-Tel (WFI)         \$17.0000         No           Department of Trade and Economic Development         Con-Tel (WFI)         \$17.0000         No           Department of Trade and Economic Development         Con-Tel (WFI)         \$17.17.172         No           Department of Trade and Economic Development         Con-Tel (WFI)         \$17.000         No           Department o				
DTED (NA 'sg & Econ Der Board)         Antice Acquisition Corp         \$58,000         No           Department of Trade and Economic Development         Impressions Inc.         \$51,95,000         No           Department of Trade and Economic Development         Antice Arustion         \$53,000         No           Han Lake, City of         AIX-Cart Mod & Pattern Inc.         \$50,000         No           Department of Trade and Economic Development         Antice Gravit Charge Cinc.         \$50,000         No           Department of Trade and Economic Development         General Linb Services (Browk)n Park)         \$50,000         No           Department of Trade and Economic Development         General Linb Services (Browk)n Park)         \$50,000         No           Department of Trade and Economic Development         Media Ore (Sr. Fau)         \$50,000         No           Department of Trade and Economic Development         Media Ore (Sr. Fau)         \$50,000         No           Department of Trade and Economic Development         Media Ore (Sr. Fau)         \$51,000         No           Department of Trade and Economic Development         Media Ore (Sr. Fau)         \$57,000         No           Department of Trade and Economic Development         Houting Marker         \$10,000         No           Department of Trade and Economic Development         Co		<b>U</b>		
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DTED (DM* Ag & Econ Der Board)         Impressions Inc.         \$159,000         No           Ham Lake, City of         AL-Cast Mold & Pattern Inc.         \$150,000         No           Shakper, City of         AD-Creat Mold & Pattern Inc.         \$150,000         No           Department of Trade and Economic Development         Aderenc Cop (Cottage Grove)         \$160,000         No           Department of Trade and Economic Development         Media One (Sin Units)         \$160,000         No           Department of Trade and Economic Development         Media One (Sin Paul)         \$150,000         No           Department of Trade and Economic Development         Media One (Sin Paul)         \$170,000         No           Department of Trade and Economic Development         Media One (Sin Paul)         \$170,000         No           Department of Trade and Economic Development         Com-Tal (WBT)         \$170,000         No           Department of Trade and Economic Development         Electric Machinery Co (Mpt)         \$170,000         No           Department of Trade and Economic Development         Electric Machinery Co (Mpt)         \$170,000         No           Department of Trade and Economic Development         Electric Machinery Co (Mpt)         \$170,000         No           Department of Trade and Economic Development         Electric Machiner	· · · ·	• •		
Ham Lake, City of         AL-Cast Mold & Pattern Inc.         \$15,1000         No           Department of Trade and Economic Development         Anderse Corp (Cottage Grove)         \$360,000         No           Department of Trade and Economic Development         General Links Services (Brookin Park)         \$350,000         No           Department of Trade and Economic Development         General Links Services (Brookin Park)         \$360,000         No           Department of Trade and Economic Development         General Links Services (Brookin Park)         \$360,000         No           Department of Trade and Economic Development         General Trade Services (Brookin Park)         \$360,000         No           Department of Trade and Economic Development         General Conomic Development         General Conomic Development         Status (Brookin Park)         No           Department of Trade and Economic Development         General Conomic Development         Genevelopment         Genevelopment	• •			
Shakoper, Ciry of         ADC Telecommunications inc         \$150,000         No           Department of Trade and Economic Development         General Linko Services (Brookin Park)         \$300,000         No           Department of Trade and Economic Development         Media One (SI, Paul)         \$300,000         No           Department of Trade and Economic Development         Media One (SI, Paul)         \$250,000         No           Department of Trade and Economic Development         Mice Yorke (YP)         \$148,600         No           Department of Trade and Economic Development         Encrimental Canang Technology         \$148,600         No           Department of Trade and Economic Development         Encrimental Canang Technology         \$148,600         No           Department of Trade and Economic Development         Encrimental Canang Technology         \$150,000         No           Hopkins HRA         Hopkins Buikness Center         \$10,000         No         No           Department of Trade and Economic Development         Encrime Machine Service         \$12,07,132         No           Department of Trade and Economic Development         Encrime Machine Service         \$12,07,133         No           Department of Trade and Economic Development         Encrime Machine Service         \$12,0000         No           More Ulin, Ciry of		Alexandria Extrusion	\$500,000	No
Department of Trade and Economic Development         Andersen Corp (Cotage Grove)         5300.000         No           DTED (MY Ag & Econ Development         Exection - Henderson         571.15.000         No           Department of Trade and Economic Development         Benequin Paper Co.         570.000         No           Department of Trade and Economic Development         American Couring Technology         375.000         No           Department of Trade and Economic Development         American Couring Technology         318.000         No           Department of Trade and Economic Development         Electric Michinery Co (Mpis)         375.000         No           Department of Trade and Economic Development         Electric Michinery Co (Mpis)         350.000         No           Department of Trade and Economic Development         Electric Michinery Co (Mpis)         350.000         No           Department of Trade and Economic Development         Electric Michinery Co (Mpis)         350.000         No           Red Wing Port Authority         Knaders Electric Michinery Co (Mpis)         350.000         No           Cook Courity         Social Lis Social Michinery Co (Mpis)         350.000         No           Cook Courity         Social Lis Social Michinery Co (Mpis)         351.000         No           Dreaking Park EDA         Development G	Ham Lake, City of	Al-Cast Mold & Pattern Inc.	\$55,000	No
Department of Tande and Economic Development         General Linko Services (Brookin Park)         \$300,000         No           DEpartment of Tande and Economic Development         Media One (S.S. Paul)         \$320,000         No           Department of Tande and Economic Development         Media One (S.S. Paul)         \$320,000         No           Department of Tande and Economic Development         Media One (S.S. Paul)         \$320,000         No           Department of Tande and Economic Development         Com-Tai (WBT)         \$320,000         No           Department of Tande and Economic Development         Com-Tai (WBT)         \$300,000         No           Department of Tande and Economic Development         General Linko Services         \$41,000         No           Mey Ulin, City of         Resting Martine da Cullings Water         \$40,000         No           Mey Ulin, City of         Resting Martine da Cullings Nater         \$40,000         No           Mey Ulin, City of         Pre-Com LLC         \$50,000         No           Lakeville, City of         Breazy North Marters         \$121,000         No           Deoklyn Park EDA         Dake Ray Point System         \$121,000         No           Lakeville, City of         Pre-Com LLC         \$350,000         No           Lakeville, City of				
DTED (MN Ag & Econ Dev BordExection-Henderson\$7,145,000NoDepartment of Trade and Economic DevelopmentMedia One (St. Paul)\$500,000NoDepartment of Trade and Economic DevelopmentMedia One (St. Paul)\$5130,000NoDepartment of Trade and Economic DevelopmentMedia One (St. Paul)\$5130,000NoDepartment of Trade and Economic DevelopmentGenamic Inc.\$50,000NoDepartment of Trade and Economic DevelopmentGenamic Inc.\$50,000NoDepartment of Trade and Economic DevelopmentGenamic Inc.\$50,000NoDepartment of Trade and Economic DevelopmentGenamic Inc.\$50,000NoHopkins HZAHopkins Business Center\$1,771,132NoMCDDSterling Water Inc dia Cullinga Water\$40,000NoCook CountySterling Water Inc dia Cullinga Water\$40,000NoCook CountySterling Water Inc dia Cullinga Water\$50,000NoCook CountySterling Water Inc dia Cullinga Water\$50,000NoCook CountySterling Water Inc dia Cullinga Water\$50,000NoCook CountySterling Storic\$322,738NoCook CountyCook CountySterling Storic\$323,738NoCook CountyDeve Stard Math Business Center 5\$451,000NoDevelopment Transe Recovery Solutions\$72,000NoBrooklyn Park EDADiake Redia Increase Recovery Solutions\$72,000NoBrooklyn Park EDADisteresy Point Storis\$32,0	• •			
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Department of Trade and Economic Development         Glenames Inc.         \$50,000         No           Hopkins HRA         Hopkins Business Center         \$1,71,71,32         No           Hopkins HRA         Hopkins Business Center         \$1,71,71,32         No           Bever UIm, City of         Sterning Water Inc. dlss Culligas Water         \$40,000         No           Bed Wing Port Authority         Knudsen Enterprises         \$425,000         No           Cock County         Sterning Water Inc. dlss Culligas Water         \$50,000         No           MCDA         Clean X Dry Cleaning Service         \$50,000         No           Lakeville, City of         Hearth Technologies Inc         \$52,000         No           Jackson, City of         Ornium Worldwide Inc. due Accent Instrumes Sectencer 3         \$18,2000         No           Brooklyn Park EDA         Ouck Really Instruments Inc. Crossoads North Business Center 3         \$18,2000         No           Breezry Point City of         Breezry Point Sports         \$55,000         No           Breezry Point City of         Breezry Point Sports         \$55,000         No           Burnsville EDA         Breezry Point LC         \$580,000         No           Burnsville EDA         Freezra Smith         \$100,00         No <td>Department of Trade and Economic Development</td> <td>American Coating Technology</td> <td>\$148,000</td> <td>No</td>	Department of Trade and Economic Development	American Coating Technology	\$148,000	No
Department of Trade and Economic Development         Electric Machinery Co (Mpis)         5375,000         No           New Ulm, City of         Rebound Properties Inc         \$80,000         No           Pine City, City of         Sterling Water Inc abb Culligan Water         \$80,000         No           Red Wing Port Authority         Knuden Enterprises         \$75,000         No           Cook County         Sterling Water Inc abb Culligan Water         \$55,000         No           Cook County         Sterling Water Inc abb Culligan Water         \$55,000         No           Lakson, City of         Pero-Corn LLC         \$58,000         No           Jackson, City of         Ornnium Workhovie Inc. das Accent Insurance Recovery Solutions         \$75,000         No           Brooklyn Park EDA         Duce Really Investments Inc. Crossroads North Business Center 5         \$51,000         No           Breezy Point City of         Breezy Point Sports         \$73,000         No           Burnsville EDA         Peter J. Smith         \$51,000         No           Burnsville EDA         Krues-Anderson Inc.         \$51,000         No           Burnsville EDA         RDC Equipment Co         \$51,000         No           Burnsville EDA         RDC Equipment Co         \$51,000         No     <	Department of Trade and Economic Development	Com-Tal (WBT)	\$350,000	No
Hojkms HRA         Hopkins Business Center         \$1,71,712         No           New Ullm, City of         Stending Water Inc dbs Culligan Water         \$80,000         No           Pine City, City of         Stening Water Inc dbs Culligan Water         \$42,500         No           Med Wing Port Authority         Knudsen Enterprises         \$42,500         No           MCDA         Clean X Dry Cleaning Service         \$50,000         No           Cock County         Sten & Ole's Inc         \$53,37,378         No           Lakeville, City of         Hearth Technologies Inc         \$333,37,378         No           Dinosklyn Park EDA         Omnium Worldwid Ent. dbs Accent Insurance Recovery Solutions         \$375,000         No           Broeklyn Park EDA         Crossroads North Business Center 3         \$182,000         No           Breezy Point City of         Breezy Point LLC         \$985,000         No           Durnsville EDA         Tecris Por Care Inc         \$350,000         No           Burnsville EDA         Tecris Por Care Inc         \$16,000,00         No           Burnsville EDA         Southcross Commerce Center LLP         \$110,07,00         No           Burnsville EDA         Rivers Proint Ster Ster Ster Ster Ster Ster Ster Ste				
New Ultr. City of         Rebound Properties Inc abs Cultings Water         \$80,000         No           Pine City, City of         Sterling Water Inc abs Cultings Water         \$425,000         No           MCDA         Clean X Dry Cleaning Service         \$57,000         No           Cook County         Swa & Ole's Inc         \$58,000         No           Preston, City of         Pro-Corn LLC         \$88,000         No           Lakeville, City of Inc         Hearth Technologies Inc         \$323,738         No           Brooklyn Park EDA         Duce Really Investments Inc. Crossroads North Business Center 5         \$41,000         No           Breezy Point City of         Breezy Point Sports         \$772,000         No           Breezy Point City of         Breezy Point Sports         \$732,000         No           Breezy Point City of         Breezy Point Sports         \$732,000         No           Breezy Point City of         Breezy Point City of Sports         \$732,000         No           Brumsville EDA         Breezy Point City of Sports         \$732,000         No           Brumsville EDA         Teen S Po Care Inc         \$18,0700         No           Brumsville EDA         River Ster Ster Ster Ster Ster Ster Ster St				
Pine City, City ofSterling Water Inc. dbs Culligan Water\$40,000NoMEdd Wing Port AuthorityKnudsen Enterprists\$475,000NoMCDAClean X Dry Cleaning Service\$50,000NoPreston, City ofPro-Corn LLC\$58,000NoLaksvills, City ofHearth Technologies In\$323,733NoJackson, City ofOmnium Worldwide Inc. dba Accent Insurance Recovery Solutions\$75,000NoBrooklyn Park EDADuke Really Investments Inc. Crossroads North Business Center 5\$141,000NoBreezy Point City ofBreezy Point Sports\$75,000NoBreezy Point City ofBreezy Point Sports\$150,000NoBurnsville EDAPater J. Smith\$359,109NoBurnsville EDAFreezy Point City of Care In\$150,000NoBurnsville EDASouthcross Commerce Center LLP\$1,07,000NoBurnsville EDARuber Spartners LLP\$178,000NoBurnsville EDAMilbood Partners LLP\$178,000NoBurnsville EDAMilbood Partners LP\$178,000NoBurnsville EDAMilbood Partners LP\$178,000NoBurnsville EDAKure Engle Partners LP\$178,000NoBurnsville EDAMilbood Partners Spartners\$12,000NoBurnsville EDAConsolidated Computer Services Inc\$13,000NoBurnsville EDAMilbood Partners Services Inc\$12,000NoBurnsville EDAMilbood Partners LP\$12,000NoBu	•	•		
Red Wing Port Authority         Knuden Enterprises         \$425.000         No           MCDA         Cleax XDY Cleaning Service         \$57.000         No           Cook County         Sen & Ole's Inc         \$60.000         No           Preston, City of         Harth Technologies Inc         \$332.37.38         No           Lakevalle, City of         Harth Technologies Inc         \$332.37.38         No           Brooklyn Park EDA         Doke Really Investments Inc. Cossroads North Business Center 5         \$451.000         No           Brooklyn Park EDA         Cossroads North Business Center 5         \$451.000         No           Brezzy Point City of         Brezzy Point Sports         \$720.000         No           Brezzy Point City of         Brezzy Point Sports         \$730.00         No           Burnsville EDA         Peter J. Smith         \$150.000         No           Burnsville EDA         News Edge Pattners LLP         \$109.000         No           Burnsville EDA         Rivers Edge Pattners LLP         \$109.000         No           Burnsville EDA         Quality Ingredents Corp         \$176.644         No           Burnsville EDA         Quality Ingredents Corp         \$176.644         No           Burnsville EDA         Cosolidated Comput	•			
MCDA         Clean X Dry Cleaning Service         573.000         No           Cook County         Sven & Ole's Inc         560.000         No           Preston, City of         Pro-Con LLC         \$850.000         No           Lakeville, City of         Hearth Frechhologies Inc         \$323.738         No           Jackson, City of         Omnium Worldwide Inc. dba Accent Insurance Recovery Solutions         \$75.000         No           Brooklyn Park EDA         Crossroads North Business Center 3         \$182.000         No           Breezy Point City of         Breezy Point Sports         \$720.000         No           Burnsville EDA         Patery J Smit LLC         \$885.000         No           Burnsville EDA         Face y Smit InC         \$180.000         No           Burnsville EDA         Face Y Sorto Care Inc         \$51.000         No           Burnsville EDA         Rivers Edge Partners LLP         \$173.800         No           Burnsville EDA         Rivers Edge Partners LLP         \$173.800         No           Burnsville EDA         Quality Ingredents Corp         \$376.644         No           Burnsville EDA         Milgood Partners         \$12.000         No           Burnsville EDA         Milgood Partnership Ld         \$43.660 </td <td></td> <td></td> <td></td> <td></td>				
Cock County         Sen & Ole sine         560,000         No           Preston, City of         Pro-Con, LLC         \$850,000         No           Lakeville, City of         Harth Technologies Inc         \$323,738         No           Jackson, City of         Omnium Worldwide Inc. dba Accent Insurance Recovery Solutions         \$75,000         No           Brooklyn Park EDA         Dake Really Investments Inc. Crossroads North Business Center 3         \$182,000         No           Breezy Point City of         Breezy Point Sports         \$75,000         No           Breezy Point City of         Breezy Point LLC         \$88,000         No           Burnsville EDA         Peter J. Smith         \$150,000         No           Burnsville EDA         Tecris Pro Care Inc         \$150,000         No           Burnsville EDA         Southcross Commerce Center LLP         \$1,07,000         No           Burnsville EDA         Als Cabinets         \$1,2,600         No           Burnsville EDA         Als Cabinets         \$1,2,600         No           Burnsville EDA         Als Cabinets         \$1,2,600         No           Burnsville EDA         Casainet Partnership         \$1,8,000         No           Burnsville EDA         Casainet Partnership Lud	<b>c</b>			
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Luverne EDA Excito Foods \$50,000 No	•			
	Luverne EDA	Excito Poods	220,000	NO

Agency Name	Business Receiving Assistance		<b>Dollar Value</b>	<b>Goals Acheived</b>
St. Peter, City of	Brinker Enterprises and St. Peter Woolen Mill		\$40,000	No
St. Peter, City of	Kind Veterinary Clinic		\$40,000	No
Wells, City of	Wells Super Valu Grocery		\$165,689	No
Cook County	Thomsonite Beach Resort		\$100,000	No
Department of Trade and Economic Development	Design Line Cabinets		\$500,000	No
Perham, City of	LPM Inc.		\$130,000	No
Burnsville EDA	Paul F. Gonyea		\$267,328	No
Cook County	Devil Track Lodge		\$100,000	No
Perham, City of	Perham Grain & Feed Inc		\$135,000	No
St. Paul Port Authority	Addco Inc. (3N Properties)		\$609.840	No
St. Paul Port Authority	Summit Brewing Co.		\$366,667	No
St. Paul Port Authority	EMC Corp		\$240,000	No
Department of Trade and Economic Development	Air Tec-Acquistion (Anoka)		\$250,000	No
Perham, City of	Gary's Electric Repair		\$45,000	No
Total			\$164,939,117	
N/A = missing data		Yes	\$107,049,595	64.9%
U U		No	\$50,680,647	30.7%
		N/A	\$7,208,875	4.4%
		Total	\$164,939,117	100.0%
		Yes	245	69.2%
		No	90	25.4%
		N/A	19	5.4%
		Total	354	100.0%

Total	\$164,939,117	
Yes	245	
No	90	
N/A	19	
Total	354	

## **APPENDIX P:**

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

NOTE: If forms are not attached to the report readers may review copies at DTED's web site: (<u>www.dted.state.mn.us</u>, click on Communities, then Business Subsidies Reporting) and the Minnesota Legislature Reference Library