

2024 Minnesota Financial Assistance Form

subsidy. The new thresh requirement also to \$15 periods under the old th loans. (See §116J.993, Se available on the DEED w Please use this form to r through 2023 that fall uprovide the status of the be used to help the legist development activities a reports are required. Questions? Call (651) 25 Employment and Econor	old is \$150,000 for either a g 0,000. However, reports of p r DEED USE ONLY: Report MBAF Year: Cont Region #: Date Received: 3-2 Tracking #: 9-7179. Please mail completenic Development, Economic	1 Year 2024 1 8-2024 021 1 Sed form before April 1 to Mi	reshold for a public hearing re still required for two year and \$75,000 to \$150,000 in g forms are Idar year 2008 If report to a gathered will conomic additional		
Section 1: (Grantor Informa	ation)				
Name of grantor (funding entity): Benton County		2. Name of person completing this form: Amanda Othoudt			
3. Street address: 531 Dewey Street PO Box 129		4. City: Foley	5. ZIP Code: 56329		
6. County: Benton	7. Phone number: 320-968-5000	8. Fax number:	9. Email address: aothoudt@bentonpartne		
10. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.") City government County government Other (Please specify):					
Section 2: Recipient Information					
11. Name of business or org	ganization receiving	12. Address where financial assistance will be used:			
financial assistance:		Street address: 539 East St. Germain Street			
Iron Street Dist	llery	City/State/ZIP Code: St. Cloud, MN 56304			
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
☐C-Corporation ☐ S-Corporation ☐ Show the corporation ☐ Show the co		Limited Liability Company (LLC)			
14. Does the recipient have a parent corporation? (Mark one.)					
☐Yes (Indicate name a ☑No Name of parent corp Street address:	nd address of the parent cor	**	one, indicate ultimate owner.)		
City/State/ZIP Code:					
15. Recipient's primary indu ☐Manufacturing ☑Retail Trade ☐Other (please specify	Services Wholesale Trade	Finance, Insurance, Real Esta Construction	ate		

Section 3: Agreement In	formation		
16. Project Start Date: 11/8/2023		17. Expected Project Completion Date: 11/8/2023	
18. Please specify all fund	ing sources for project (att	ach sources/use statement i	f available). The table should
merade an running source	s used by the recipient to f	und the project:	
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capita improvement)
Falcon Bank	\$ 764,019	Bank Loan	Bldg Purchase and Renne
Owner Equity	\$ \$514,019	Equity	Purchase and Rennovatio
Benton County RLF	\$ \$145,000	RLF	Bldg Purch & Equipment
	\$		
	\$		
Total Project Budget (all sc	ources): 1,423,038		
Your public participation p	ercentage of total budget:	10%	
19. Minn. Stat. §116J.994 r	equires that financial assis	tance meet a public purpose	e. Which of the following public
purposes were used to det	ermine your participation?	' (Mark all that apply.)	The tollowing public
Enhancing economi	c diversity	Stabilizing the community	
✓ Creating high-qualit		ncreasing tax base (cannot b	pe only purpose)
✓ Job retention		Other (please specify):	, pa. 6052)
NOTE: If job creation or re		please skip to Question 21.	
Section 4: Goals and Ac	tual Performance		
		ar report) and Actuals (see	and year report).
For each of the following cate	gories if required, indicate the	e (new) job creation and/or ret	ention goals stated in the financial
assistance agreement and the	number of actual (new) jobs	created and/or retained since	the benefit date including the
average nounty value of any er	mployer-provided benefits go	als for those jobs.	
(Full-time jobs are defined as I	new, permanent, non-seasond	al positions created subsequen	to the financial assistance
ugreement in which employee	's are scheduled to work on a	verage at least a 40 hour work	wook Dort time is defined as
retention is defined as jobs at	a specific wage level that exis	ess than 40 hours per week wit to prior to the signing of the fin	hin a recipient location). Job ancial assistance agreement. There
must be evidence that the reto	nined jobs will be lost without	financial assistance or where j	ob loss is specific and demonstrable.
	Total Number of Employees	Average Hourly Wag Level	e Average Hourly Value of Health Insurance
(New) Full-time	2	15.00	
Job Creation (Goals)		10.00	
(New) Part-time Job Creation (Goals)			
Job Retention (Goals)			
(000.5)	9	15.00	
(New) Full-time	_		
lob Creation (Actuals)	0	15.00	
(New) Part-time)		
lob Creation (Actuals)	<i>d</i>	15.00	
lob Retention (Actuals)	9	15.00	
 What is the status of the he project is complete 	project and how successful	I have they been in meetin	g stated goals?
	le progress tam	ravds agal	~ I—
CONTINUE TO MA	not hinding 1000		W alle