

## 2024 Minnesota Financial Assistance Form

subsidy. The new thresh- requirement also to \$150 periods under the old th	Minn. Stat. §116J.993 to §116 old is \$150,000 for either a g 0,000. However, reports of p reshold levels of between \$2 ection 2 Subdivision 3) Addit	rant or loan, and raises the tl ublic financial participation a 5,000 to \$150,000 in grants,	hreshold for a public hearing are still required for two year and \$75,000 to \$150,000 in		
Please use this form to a through 2023 that fall uprovide the status of the be used to help the legis development activities a	DEED USE ONLY: Report MBAF Year: 2023 Region #: Centre Date Received: 3-25	<u>.</u>	lendar year <u>2008</u> ear report to ion gathered will neconomic No additional		
	Tracking #:	Oス2 Analysis Unit,	Jepartment of 551) 215-3841		
Section 1: (Grantor Information		T			
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		
	(Mark one. If grantor is enti ity EDA would check "City go		ency, please indicate		
City government	✓ County governr	nent Reg	ional government		
State government	Other (Please s	pecify):	757		
Section 2: Recipient Inform	nation				
11. Name of business or organization receiving		12. Address where financial assistance will be used:			
financial assistance: LBT Concrete, LLC		Street address: 7995 Acorn Rd NW City/State/ZIP Code: Royalton, MN 56373			
13. Type of organizational s	tructure of recipient receivir	g financial assistance (Mark	one)		
☐C-Corporation☐Other (Please specify	S-Corporation	☑ Limited Liability Company (LLC)			
	n. a parent corporation? ( <i>Mari</i>	kone l	7 TO THE RESERVE OF T		
* · · · · · · · · · · · · · · · · · · ·			one, indicate ultimate owner.)		
✓ No	indiadaress of the parent con	poration below. If more than	one, maleute animate owner.,		
Name of parent corp	poration:				
Street address:					
City/State/ZIP Code:					
15. Recipient's primary indu	ıstry (Mark one.):				
☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate					
☐ Retail Trade ☐ Wholesale Trade ☑ Construction					

 $\square$ Other (please specify):

include all funding sources undentify Private or Public Participant  rs and Merchants State  Owner Equity  Benton County RLF  Intiative Foundation		3391	Use of Funds (i.e., infrastructure, cleanup, capita improvement) Company Acquisition Closing Cost Equipment	
Identify Private or Public Participant  rs and Merchants State  Owner Equity  Benton County RLF  Intiative Foundation	\$ 570,150 \$ 81,450 \$ 81,500 \$ 81,500	Type of Assistance (grant, loan, TIF, TAF, etc.)  Bank Loan  Equity  RLF	infrastructure, cleanup, capita improvement)  Company Acquisition  Closing Cost	
Participant rs and Merchants State    Owner Equity    Benton County RLF Intiative Foundation	\$ 570,150 \$ 81,450 \$ 81,500 \$ 81,500	(grant, loan, TIF, TAF, etc.)  Bank Loan  Equity  RLF	infrastructure, cleanup, capita improvement)  Company Acquisition  Closing Cost	
Owner Equity Benton County RLF Intiative Foundation	\$ 81,450 \$ 81,500 \$ 81,500	Equity RLF	Closing Cost	
Benton County RLF Intiative Foundation	\$ 81,500 \$ 81,500	RLF		
Intiative Foundation	\$ 81,500	20 0000	Equipment	
mative i editediori	01,000	RL		
	\$	d	Equipment	
	Υ			
Total Project Budget (all sou	rces):			
Your public participation per	rcentage of total budget:			
	•		e. Which of the following public	
purposes were used to deter		1940 to to 1000		
Enhancing economic of		tabilizing the community		
✓ Creating high-quality job growthIncreasing tax base (cannot be only purpose)				
✓ Job retention Other (please specify):				
NOTE: If job creation or reto	ention is not a goal then	please skip to Question 21		
Section 4: Goals and Actu	ual Performance			
20. Job Creation and/or Re	etention <b>Goals</b> (first yea	ar report) and <b>Actuals</b> (se	cond year report):	
For each of the following catego assistance agreement and the r average hourly value of any em	number of actual (new) jobs	created and/or retained since	tention goals stated in the financial the benefit date including the	
iob in which an employee works retention is defined as jobs at a	are scheduled to work on a s for the recipient at a rate l specific wage level that exi ined jobs will be lost without	verage at least a 40 hour work ess than 40 hours per week wi st prior to the signing of the fir t financial assistance or where	week. Part-time is defined as a new thin a recipiènt location). Job ancial assistance agreement. There job loss is specific and demonstrable.	
	Total Number of Employees	Average Hourly Wa Level	ge Average Hourly Value of Health Insurance	
(New) Full-time			пеаци изигансе	
Job Creation ( <b>Goals</b> )	15	24.20		
(New) Part-time	O de designación de la companie de l	Maria 10 Mar		
Job Creation ( <b>Goals</b> )				
Job Retention ( <b>Goals</b> )	5	24.20		
(New) Full-time	17	31.29		
Job Creation (Actuals)	N			
(New) Part-time Job Creation ( <b>Actuals</b> )		1		
Job Retention (Actuals)	<b>-</b>	22.50		
(	5	33.50		