

## 2023 Minnesota Financial Assistance Form

requirement also to \$1	hold is \$150,000 50,000. Howeve hreshold levels	ofor either a ger, reports of g	public financial participation	what constitutes a business threshold for a public hearing are still required for two year , and \$75,000 to \$150,000 in			
available on the DEED v			24-	~e			
<ul> <li>Please use this form to</li> </ul>		DEED USE O	NLY: Report Year 202				
through 2022 that fall u		MBAF Year:	2023	· <u>2008</u>			
provide the status of the	e project tow	Region #:	Central	liw Ł			
be used to help the legi		Date Receive	ed: 3-22 - 2023	* ******			
development activities	and where ac	Tracking #:	016	ł <b>i</b>			
reports are required.							
<ul> <li>Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of</li> </ul>							
Employment and Economic Development, Economic Analysis Unit, First National Bank Building, 332							
Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841							
Section 1: (Grantor Inform				· · · · · · · · · · · · · · · · · · ·			
1. Name of grantor (funding entity):			2. Name of person completing this form:				
Benton County			Amanda Othoudt				
3. Street address:			4. City:	5. ZIP Code:			
531 Dewey Street PO Box 129		Foley	56329				
6. County:	7. Phone num		8. Fax number:	9. Email address:			
Benton	020 000 0000			aothoudt@bentonpartnership.org			
10. Classification of grantor affiliation. For example, a c	' (Mark one. If g ity EDA would c	rantor is enti heck "City go	ty created by government ag vernment.")	ency, please indicate			
☐ City government ☐ Regional government							
State government	□ Ot	ther (Please s	pecify):	10 100 100 100 100 100 100 100 100 100			
Section 2: Recipient Inform							
11. Name of business or org	ganization recei	ving	12. Address where financia	assistance will be used:			
financial assistance:		j	Street address: 2501 Little Rock Road NE				
			City/State/ZIP Code: Sauk Rapids, MIN 56329				
13. Type of organizational structure of recipient receiving financial assistance (Mark one)							
☐C-Corporation ☐ S-Corporation			Limited Liability Company (LLC)				
Other (Please specify):							
14. Does the recipient have a parent corporation? (Mark one.)							
☐Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.) ☑No							
<del></del>							
Name of parent corporation:							
Street address:							
City/State/ZIP Code:	stru / Mark on a	1					
15. Recipient's primary industry (Mark one.):							
☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate							
Retail Trade	Wholesale	Trade 🔲	Construction				
Other (please specify)	):						

Section 3: Agreement Inf	ormation					
16. Project Start Date: 17. Expected Project Completion Date:						
January 3, 2022		January 2024				
18. Please specify all fundi	ng sources for project (attac		wailable). The table should			
include all funding sources	used by the recipient to fun	id the project:	valuation in the table should			
Identify Private or Public	(\$) Value	Type of Assistance	Use of Funds (i.e.,			
Participant		(grant, loan, TIF, TAF,	infrastructure, cleanup, capita			
		etc.)	improvement)			
Frandsen Bank Foley	\$ 2,800,000	Bank Loan	Company Acquisition			
Owner Equity	\$ 350,000	Equity	Closing Cost			
Benton County RLF	\$ 125,000	Revolving Loan	Equipment			
Initiative Foundation	\$ 175,000	Revolving Loan	Equipment			
Seller Financing	\$ 50,000					
Total Project Budget (all so						
Your public participation pe	ercentage of total budget: 3.	.5%				
19. Minn. Stat. §116J.994 requires that financial assistance meet a public purpose. Which of the following public						
purposes were used to determine your participation? (Mark all that apply.)						
Enhancing economic		abilizing the community				
✓ Creating high-quality	N					
✓ Job retention						
50 150 150 150 150 170 150 170 170 170 170 170 170 170 170 170 17		her ( <i>please specify</i> ):				
	tention is not a goal then pl	ease skip to Question 21.				
Section 4: Goals and Act		37335500				
20. Job Creation and/or R	Retention <b>Goals</b> (first year	report) and Actuals (seco	nd year report):			
For each of the following categories if required, indicate the (new) job creation and/or retention goals stated in the financial						
assistance agreement and the	number of actual (new) jobs cr	reated and/or retained since the	e benefit date including the			
average hourly value of any en	nployer-provided benefits goal.	s for those jobs.				
(Full-time jobs are defined as new, permanent, non-seasonal positions created subsequent to the financial assistance						
agreement in which employees are scheduled to work on average at least a 40 hour work week. Part-time is defined as a new job in which an employee works for the recipient at a rate less than 40 hours per week within a recipient location). Job						
retention is defined as ichs at a	(S for the recipient at a rate less a specific wage level that exist i	than 40 hours per week within	a recipient location). Job			
must be evidence that the reta	ined lobs will be lost without fir	orior to the signing of the Jinani nancial assistance or where lob	cial assistance agreement. There loss is specific and demonstrable.			
2 10 10 10 10 10 10 10 10 10 10 10 10 10	Total Number of	Average Hourly Wage	Average Hourly Value of			
70 TC 2	Employees	Level	Health Insurance			
(New) Full-time		THE PROPERTY OF THE PROPERTY O	THEOREM TELESCOPE			
Job Creation (Goals)	2	28.85				
(New) Part-time						
Job Creation (Goals)						
Job Retention (Goals)	20	20.05				
	20	28.85				
(New) Full-time						
Job Creation (Actuals)	A.	20				
(New) Part-time						
Job Creation (Actuals)	1 accountant	32				
Job Retention (Actuals)	2000 200 200 200 200 200 200 200 200 20	a de la compa				
N. S. W. Mark Reservation	21	30				
21. What is the status of the	project and how successful	have they been in meeting s	stated goals?			
added 10	I new trucks					
Added 3 new tracks						
A11-2 P2	duacationand	1 4-1:1				
11 64 66 14.	a vacarion and	= nonday pa-1				