

2022 Minnesota Financial Assistance Form

Section 1: (Grantor Information) 1. Name of grantor (funding entity): 2. Name of person completing this form: City of Byron Janna Monosmith 3. Street address: 4. City: 5. ZIP Code: Byron 55920 6. County: 7. Phone number: 8. Fax number: 9. Email address: jmonosmith@byronmn.com 10. Classification of grantor (Mark one. f grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.") City government County government Regional government State government Other (Please specify): Section 2: Recipient Information 11. Name of business or organization receiving financial assistance: Street address: 110 Fremont St City/State/ZIP Code: Owatonna, MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) C-C-corporation S-Corporation Limited Liability Company (LLC) Vester (Please specify): Inc. 14. Does the recipient have a parent corporation? (Mark one.) Vester (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.) Vester (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.) Vester (Indicate name and oxideress: City/State/ZIP Code: Services Finance, Insurance, Real Estate Services Finance, Insurance, Real Estate Services Finance, Insurance, Real Estate Services Servic	 A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business subsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing requirement also to \$150,000. However, reports of public financial participation are still required for two year periods under the old threshold levels of between \$25,000 to \$150,000 in grants, and \$75,000 to \$150,000 in loans. (See §116J.993, Section 2, Subdavailable on the DEED website. Please use this form to report on all fithrough 2021 that fall under the old the provide the status of the project towabe used to help the legislative body undevelopment activities and where addreports are required. Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332 Minnesota Street, Suite E200, St. Paul MN 55101-1351; or email to ed.hodder@state.mn.us 					
City of Byron Janna Monosmith	Section 1: (Grantor Inform	ation)	40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
680 Byron Main Court NE 6. County: Olmsted 7. Phone number: 507-775-3419 8. Fax number: 507-775-3401 9. Email address: jmonosmith@byronmn.com 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 County government State government Other (Please specify): Section 2: Recipient Information 11. Name of business or organization receiving financial assistance: Street address: 110 Fremont St City/State/ZIP Code: Owatonna. MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) C-C-Corporation S-Corporation C-C-Corporation S-Corporation: More than one, indicate ultimate owner.) No Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):	1. Name of grantor (funding entity):					
6. County: Olmsted 7. Phone number: 507-775-3419 8. Fax number: 507-775-3401 jmonosmith@byronmn.com 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			A STATE OF THE STA			
affiliation. For example, a city EDA would check "City government.") □ City government □ County government □ Regional government □ State government □ Other (Please specify): Section 2: Recipient Information 11. Name of business or organization receiving financial assistance: □ Street address: 110 Fremont St City/State/ZIP Code: Owatonna. MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) □ C-Corporation □ S-Corporation □ Limited Liability Company (LLC) □ Other (Please specify): Inc. 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 □ Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):	6. County:	7. Phone number:				
☑ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify): Section 2: Recipient Information 11. Name of business or organization receiving financial assistance: 12. Address where financial assistance will be used: Street address: 110 Fremont St City/State/ZIP Code: Owatonna, MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) ☐ Limited Liability Company (LLC) ☑ Other (Please specify): Inc. ☐ Limited Liability Company (LLC) 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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):	10. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate					
Section 2: Recipient Information 11. Name of business or organization receiving financial assistance: Driessen Water Inc. 12. Address where financial assistance will be used: Street address: 110 Fremont St City/State/ZIP Code: Owatonna. MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) C-Corporation S-Corporation Limited Liability Company (LLC) Other (Please specify): Inc. 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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):						
Section 2: Recipient Information 11. Name of business or organization receiving financial assistance: Driessen Water Inc. 12. Address where financial assistance will be used: Street address: 110 Fremont St City/State/ZIP Code: Owatonna, MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) C-Corporation S-Corporation Limited Liability Company (LLC) Other (Please specify): Inc. 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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):						
11. Name of business or organization receiving financial assistance: Driessen Water Inc. Street address: 110 Fremont St City/State/ZIP Code: Owatonna. MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) C-Corporation S-Corporation Limited Liability Company (LLC) Other (Please specify): Inc. 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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):						
Street address: 110 Fremont St City/State/ZIP Code: Owatonna. MN 13. Type of organizational structure of recipient receiving financial assistance (Mark one) □ C-Corporation □ Limited Liability Company (LLC) ☑ Other (Please specify): Inc. 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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):			12. Address where financial assistance will be used:			
13. Type of organizational structure of recipient receiving financial assistance (<i>Mark one</i>) □ C-Corporation □ S-Corporation □ Limited Liability Company (LLC) □ Other (Please specify): Inc. 14. Does the recipient have a parent corporation? (<i>Mark one.</i>) □ Yes (<i>Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.</i>) □ No Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (<i>Mark one.</i>):						
 ✓ Other (Please specify): Inc. 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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.): 						
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 Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):			Limited Liability Company (LLC)			
✓ Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.) ✓ No Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):						
No Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):						
Name of parent corporation: Street address: City/State/ZIP Code: 15. Recipient's primary industry (<i>Mark one.</i>):						
Street address: City/State/ZIP Code: 15. Recipient's primary industry (Mark one.):	Name of parent corporation:					
15. Recipient's primary industry (Mark one.):						
Manufacturing Services Dispance Insurance Real Estate	15. Recipient's primary ind	ustry (<i>Mark one</i> .):				
MRetail Trade MWholesale Trade Construction						

 \square Other (please specify):

Section 3: Agreement Info	rmation				
16. Project Start Date: Feb 2, 2021		17. Expected Project Completion Date: July 1, 2022			
The same of the sa		tach sources/use statement if	available). The table should		
include all funding sources					
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)		
Public	\$ 95,000	Tax abatement			
	\$				
	\$				
58.30	\$				
	\$		***		
Total Project Budget (all sou	urces): \$2.5 Million				
Your public participation pe	The state of the s	t: 4%			
			. Which of the following public		
purposes were used to dete	ermine your participatior	n? (Mark all that apply.)			
Enhancing economic diversity Stabilizing the community					
Creating high-quality job growth					
Job retention		Other (please specify):			
NOTE: If job creation or retention is not a goal then please skip to Question 21.					
Section 4: Goals and Actual Performance					
20. Job Creation and/or Retention Goals (first year report) and Actuals (second year report):					
1	number of actual (new) job	bs created and/or retained since	ention goals stated in the financial the benefit date including the		
agreement in which employee. job in which an employee work retention is defined as jobs at	s are scheduled to work on ks for the recipient at a rate a specific wage level that e	e less than 40 hours per week wit xist prior to the signing of the find	week. Part-time is defined as a new		
must be evidence that the retu	Total Number of	Average Hourly Wag	V 100 000 000 000 000 000 000 000 000 00		
(New) Full-time	Employees	En St. Company Transfer St. No. 19	nealth insulance		
Job Creation (Goals)	10	\$17.78			
(New) Part-time		(64-6): 36			
Job Creation (Goals)		N N 100 E001701			
Job Retention (Goals)					
(New) Full-time					
Job Creation (Actuals)					
(New) Part-time					
Job Creation (Actuals)					
Job Retention (Actuals)					
21. What is the status of the Project is still under con		ssful have they been in meetir	ng stated goals?		