

subsidy. The new thresh	old is \$150,000 for either a g	of 1995 adjusted the level of w rant or loan, and raises the th oublic financial participation a	nreshold for a public hearing		
periods under the old th		ablic ililaliciai participation a	n		
loans. (See §116J.993, Se	ection 2, Subd	700			
available on the DEED w		ONLY: Report Year 202			
Please use this form to r	eport on all fi MBAF Year	2021			
through 2020 that fall up provide the status of the	Kegion #:	Southeast			
be used to help the legis	Data Bassi	ved: 8-2-202	*		
development activities a	and where adc Tracking #:	082			
reports are required.		e a se se se se seguer l'access			
<ul> <li>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</li> </ul>					
		51; or <b>fax to: (6</b> 51) 215-3841	tional Bank Building, 332		
F					
Section 1: (Grantor Information)  1. Name of grantor (funding entity):  2. Name of person completing this form:					
City of Byron		2. Name of person completing this form:  Janna Monosmith			
3. Street address: 680 Byron Main Court NE		4. City:	5. ZIP Code: 55920		
6. County:	7. Phone number:	Byron 8. Fax number:	9. Email address:		
Olmsted	507-775-3419	507-775-3401	jmonosmith@byronmn.com		
10. Classification of grantor	Mark one. If grantor is enti	ty created by government ag	Managara representation of the California and American Action and the California and California		
	rity EDA would check "City go		5-76-Like <b>- 4-66 - 1</b> -5-29-M-176-1-5-55 - 321-76-60-76-12-163-1-153-1		
☑ City government	☐ County governr	ment Reg	ional government		
State government	Other (Please s	pecify):			
Section 2: Recipient Inform	nation				
11. Name of business or organization receiving		12. Address where financial assistance will be used:			
financial assistance:		Street address: 507 Frontage Road NE			
Early Advantage Child Care Center LLC   City/State/ZIP Code: Byron, MN 55920			. MN 55920		
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
C-Corporation S-Corporation		✓ Limited Liability Company (LLC)			
Other (Please specify	y):				
14. Does the recipient have a parent corporation? (Mark one.)					
Yes (Indicate name a	and address of the parent cor	poration below. If more than	one, indicate ultimate owner.)		
☑No					
Name of parent corp	poration:				
Street address:					
City/State/ZIP Code:					
15. Recipient's primary indu	ustry (Mark one.);				
☐Manufacturing     ☐Services		Finance, Insurance, Real Estate			
Retail Trade Wholesale Trade Construction					
Other (please specify	/): Child Care				

Section 3: Agreement Info	rmation				
16. Project Start Date: 1/1/2019		17. Expected Project Completion Date: 12/31/2023			
18. Please specify all funding sources for project (attach sources/use statement if available). The table should					
include all funding sources used by the recipient to fund the project:					
Identify Private or Public	(\$) Value	Type of Assistance	Use of Funds (i.e.,		
Participant		(grant, loan, TIF, TAF, etc.)	infrastructure, cleanup, capital improvement)		
Public	\$ 50,000	Grant	Construction		
Public	\$ 97,500	Tax Abatement	Construction		
	\$				
	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	\$				
Total Project Budget (all sou	urces): \$2,150,000				
Your public participation pe	rcentage of total budget: 1	5%	=		
19. Minn. Stat. §116J.994 re	equires that financial assist	ance meet a public purpose.	Which of the following public		
purposes were used to dete	ermine your participation?	(Mark all that apply.)	5.9		
✓ Enhancing economic	diversity St	abilizing the community			
Creating high-quality	job growth In	creasing tax base (cannot be	e only purpose)		
✓ Job retention ✓ Other (please specify): Child Care					
NOTE: If job creation or retention is not a goal then please skip to Question 21.					
Section 4: Goals and Actual PerformanceCreate child Care					
20. Job Creation and/or Retention Goals (first year report) and Actuals (second 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 created and/or retained since the benefit date including the					
average hourly value of any employer-provided benefits goals 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 employees works for the recipient at a rate less than 40 hours per week within a recipient location). Job					
retention is defined as jobs at a specific wage level that exist prior to the signing of the financial assistance agreement. There					
must be evidence that the reta	1		b loss is specific and demonstrable.		
	Total Number of Employees	Average Hourly Wag Level	e Average Hourly Value of Health Insurance		
(New) Full-time	Linployees		Treater injuries		
Job Creation (Goals)					
(New) Part-time					
Job Creation (Goals)					
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 and how successful have they been in meeting stated goals?					
The goal of the project was to create child care opportunities within the community. The project					
has been completed and continues to offer child care options to local parents.					
			and the second		