## EMPLOYMENT AND ECONOMIC DEVELOPMENT

## 2023 Minnesota Financial Assistance Form

	2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business ubsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing equirement also to \$150,000. However, reriods under the old threshold levels of bans. (See §116J.993, Section 2, Subdivis vallable on the DEED website.  Idease use this form to report on all finanthrough 2022 that fall under the old threshold the status of the project towards e used to help the legislative body under evelopment activities and where additic	
	eports are required.	
	uestions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of	
	mployment and Economic Development, Economic Analysis Unit, First National Bank Building, 332	
	linnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841	
Se	on 1: (Grantor Information)	100

The state of the s								
1 Name of grantor (funding City of Byron	g entity):	2. Name of person completing this form: Janna Monosmith						
3. Street address:		4. City:	5. ZIP Code:					
680 Byron Main Cou	irt NE	Byron	55920					
6. County:	7. Phone number:	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 entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.")								
City government	County governr	nent 🔲 Reg	ional government					
State government	Other (Please s	pecify):						
Section 2: Recipient Inform	TO THE STANDARD TO THE STANDARD STANDAR							
11. Name of business or org	ganization receiving	12. Address where financial assistance will be used:						
financial assistance:		Street address: 993 Frontage Road NW						
Driessen Wate		City/State/ZIP Code: Byron, 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	☑Other (Please specify); Inc							
14. Does the recipient have	a parent corporation? (Marl	k one.)						
☐Yes (Indicate name a	nd address of the parent corp	poration below. If more than	one, indicate ultimate owner.)					
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.):								
☐Manufacturing	Services	Finance, Insurance, Real Esta	ite					
✓ Retall Trade	☑Wholesale Trade ☐	Construction						
Other (please specify):								

17/1/2022   18. Please specify all funding sources for project (attach sources/use statement if available). The table of include all funding sources used by the recipient to fund the project: Identify Private or Public   (\$) Value	Section 3: Agreement Info	rmation						
include all funding sources used by the recipient to fund the project: Identify Private or Public   (\$) Value   Type of Assistance (grant, Ioan, TIF, TAF, etc.)   Infrastructure, clean (grant, Ioan, TIF, TAF, etc.)   Public - EDA   \$ 95000   Tax Abatement   Construction   S   S   S   S   Total Project Budget (all sources): 2150000   Your public participation percentage of total budget: 15%   19 Minn. Stat. \$116J.994 requires that financial assistance meet a public purpose. Which of the following purposes were used to determine your participation? (Mark all that apply.)	02/02/2021							
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Total Project Budget (all sources): 2150000  Your public participation percentage of total budget: 15%  19 Minn. Stat. \$1161.994 requires that financial assistance meet a public purpose. Which of the following purposes were used to determine your participation? (Mark all that apply.)  PEnhancing economic diversity   Stabilizing the community   Creating high-quality job growth   Increasing tax base (cannot be only purpose)   Job retention   Other (please specify):  NOTE: If Job creation or retention Is not a goal then please sklp to Question 21.  Section 4: Goals and Actual Performance  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 assistance agreement and the number of actual (new) jobs created and/or retention since the benefit date including 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 assistang agreement in which employees are scheduled to work on average at least a 40 hour work week. Part-time is defined as jobs at a specific wage level that exist prior to the signing of the financial assistance agreements is defined as jobs at a specific wage level that exist prior to the signing of the financial assistance agreements be evidence that the retained jobs will be lost without financial assistance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or where job loss is specific and de not substance or substanc		\$						
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