

2024 Minnesota Financial Assistance Form

BBH ECONOMIC	DEVELOPMENT 20	24 Minitesota i manci	al Assistance i oili	
subsidy. The new threshor requirement also to \$150 periods under the old the loans. (See §116J.993, Seavailable on the DEED well please use this form to rethrough 2023 that fall unprovide the status of the be used to help the legis development activities a reports are required. Questions? Call (651) 25 Employment and Econorism.	old is \$150,000 for either a solution of the state of the	inancial resources may be been eted form before April 1 to M	ereshold for a public hearing in a public hearing	
Section 1: (Grantor Informa	ation)			
1. Name of grantor (funding		2. Name of person completing this form:		
Chisago County HRA EDA		Sara Kaminski		
3. Street address:		4. City:	5. ZIP Code:	
38871 7th Ave		North Branch	55056	
6. County:	7. Phone number:	8. Fax number: NA	9. Email address:	
Chisago			sara@chisagocounty.org	
	r (Mark one. If grantor is ent ity EDA would check "City go ☑ County goverr ☐ Other (Please	nment Reg	ency, please indicate	
		Specify).		
Section 2: Recipient Inform		12 Address where financia	Lassistance will be used:	
11. Name of business or org	ganization receiving	12. Address where financial assistance will be used:		
All Mac Inc		Street address: 5551 Sherman Oaks Kd City/State/ZIP Code: Stacy MIN 55079		
13. Type of organizational s	structure of recipient receiv	ing financial assistance (Mark	one)	
☐ C-Corporation ☐ S-Corporation ☐ Other (Please specify):		Limited Liability Company (LLC)		
	y). e a parent corporation? (<i>Ma</i>	urk one l		
100			and indicate ultimate owner	
	ina adaress of the parent co	orporation below, ij more than	one, indicate ultimate owner.)	
√No	Appliferance of the first and the first			
Name of parent corp	poration:			
Street address:				
City/State/ZIP Code:	 	<i>3</i> 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
15. Recipient's primary indi	18 19 19 19 19 19 19 19 19 19 19 19 19 19			
☐ Manufacturing ☑ Services ☐ Finance, Insurance, Real Estate				
Retail Trade Wholesale Trade Construction				

 \square Other (please specify):

Section 3: Agreement Info	rmation				
16. Project Start Date: 04/01/2021		17. Expected Project Completion Date: 11/30/2021			
18. Please specify all funding	g sources for project (attacl	sources/use statement if avo	iilable). The table should		
	used by the recipient to fund		2000		
Identify Private or Public Participant		(grant, loan, TIF, TAF, i	lse of Funds (i.e., nfrastructure, cleanup, capital mprovement)		
Chisago County/City of Stacy	\$ 37,500	Tax Abatement	Site Improvements		
Table (State of the Control of the C	\$		•		
	\$				
	\$				
	\$	<u>10 23 - 1019</u>			
Total Project Budget (all so					
Your public participation pe					
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 diversity Stabilizing the community					
✓ Creating high-quality job growth ✓ Increasing tax base (cannot be only purpose)					
✓ Job retention ✓ Other (please specify): Blight removal/Land clean up					
NOTE: If job creation or re	tention is not a goal then pl	ease skip to Question 21.			
Section 4: Goals and Act	ual 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 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 employee 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 retained jobs will be lost without financial assistance or where job loss is specific and demonstrable.					
	Total Number of	Average Hourly Wage	Average Hourly Value of		
	Employees	Level	Health Insurance		
(New) Full-time	2	25.00			
Job Creation (Goals)		25.00			
(New) Part-time		<u> </u>	2 <u></u> 2		
Job Creation (Goals)	, me				
Job Retention (Goals)	-	-	_		
(New) Full-time	6	\$25-\$32	\$2.20		
Job Creation (Actuals)	-	ΨΖΟ-ΨΟΖ	ΨΖ.ΖΟ		
(New) Part-time	_	-	_		
Job Creation (Actuals) Job Retention (Actuals)					
Job Retention (Actuals)			-		
21. What is the status of the	e project and how successfu	I have they been in meeting s	tated goals?		
Goals met & Project completed.					
SE					