

2023 Minnesota Financial Assistance Form

•	subsidy. The new threshold requirement also to \$150 periods under the old the loans. (See §116J.993, Seavailable on the DEED was	old is \$150,000 for 0,000. However, re reshold levels of rection 2, Subdivis ebsite.	either a gr ports of pu	ublic financial participation a	that constitutes a business preshold for a public hearing the still required for two year in			
	Please use this form to report on all finar MBAF Ye		ar:	<u>}</u>				
		through 2022 that fall under the old thre region #		10-				
		the legislative body unde		eived: 4-27-202	3			
	development activities and where additic Tracking #:			#:040				
	reports are required.							
11	Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of							
	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 Information)								
				2. Name of person completing this form:				
Chisago County HRA EDA				Samantha Olson				
	3. Street address:			4. City:	5. ZIP Code:			
_	88871 7th Ave	7 Dhana annsha		North Branch 8. Fax number:	55056 9. Email address:			
	5. County: Chisago	7. Phone numbe 651-674-5664	r:	8. Fax number: 651-674-2996	samantha@chisagocounty.org			
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 ☐ Regional government							
	☐ State government ☐ Other (Please specify):							
Section 2: Recipient Information								
-	11. Name of business or or		ng	12. Address where financial assistance will be used:				
financial assistance:				Street address: 5551 Snerman Oaks Rd				
	All Mac Inc.			City/State/ZIP Code: STACY MIN 550/9				
13. Type of organizational structure of recipient receiving financial assistance (Mark one)								
	C-Corporation		rporation	[_]Lin	nited Liability Company (LLC)			
H	Uother (Please specify):							
	14. Does the recipient have a parent corporation? (<i>Mark one.</i>)							
	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 (<i>Mark one</i> .):							
	☐ Manufacturing	Services		JFinance, Insurance, Real Es	tate			
	Retail Trade Wholesale Trade Construction							
1		'y):						

Section 3: Agreement Info	mation 🔗		0					
16. Project Start Date:	1/2021	17. Expected Project Completion Date (7)						
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,	infrastructure, cleanup, capital					
		etc.)	improvement)					
Chisago County/City of Stacy	\$ 37,500	Tax Abatement	Site Improvements					
	\$							
	\$		-					
	\$							
	\$							
Total Project Budget (all sou	urces): 16 000 projected - 3	5 000 cost over runs 537	-500 lith					
Total Project Budget (all sources): 16,000 projected - 35,000 cost over runs 37,500 4.4 k. Your public participation percentage of total budget: 100%								
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	Enhancing economic diversity Stabilizing the community							
✓ Creating high-quality	✓ Creating high-quality job growth ✓ Increasing tax base (cannot be only purpose)							
Job retention	Job retention ✓ Other (please specify): removal of blight, redevelopment							
NOTE: If job creation or re	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):								
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.								
mast be evidence that the rete	Total Number of	Average Hourly Wag						
	Employees	Level	Health Insurance					
(New) Full-time			Treatm modified					
Job Creation (Goals)	2	25.00						
(New) Part-time								
Job Creation (Goals)								
Job Retention (Goals)								
		MATERIAL STREET, STREE						
(New) Full-time	E/ 11 (m)	25 50 4 20-29	(1)					
Job Creation (Actuals)	5 4 (1)	25.58 4.30.23						
(New) Part-time								
Job Creation (Actuals)		- CA						
Job Retention (Actuals)	12(P)	25.58						
21. What is the status of the project and how successful have they been in meeting stated goals?								
YES- Half of our employees are up for raises in the month of April so I provide the average both before the raises (\$24.91) and after (\$25.58). In short, our goal to was hire 2 new employees at an average of \$25 within two years. We hired 5 new employees with an average wage of \$25.58 after April raises. We retained 1 employee so our current employee count is 6. Two of the new employees live in the City of Stacy and one in Lent Township.								

We offered health coverage before, but in October of 2022 we started offering pre-tax BCBS coverage with a low \$500 deductible. All Mac pays ½ of the employee premium