

## 2022 Minnesota Financial Assistance Form

subsidy. The new threshorequirement also to \$150 periods under the old the loans. (See §116J.993, Seavailable on the DEED we Please use this form to rethrough 2021 that fall ur provide the status of the be used to help the legist development activities a reports are required.  Questions? Call (651) 25 Employment and Economics	old is \$150,000 for either a go,000. However, reports of preshold levels of the estion 2, Subdividuals and estimated and where additional completions.  DEED US  MBAF Year  Region #  Date Region #  Date Region #  Date Region #  Tracking  9-7179. Please mail completions Development, Analysis and	: NORTHWEST 2022	reshold for a public hearing restill required for two war in a second of two war in a second of the		
Section 1: (Grantor Informa	ation)				
1. Name of grantor (funding East Grand Forks		2. Name of person completing this form: Paul Gorte			
3. Street address:		4. City:	5. ZIP Code:		
600 DeMers Ave		East Grand Forks			
6. County: Polk	7. Phone number: 2187738939	8. Fax number: 2187732507	9. Email address: pgorte@egf.mn		
		ity created by government age	ency, please indicate		
affiliation. For example, a c	ity EDA would check "City go —	·			
✓ City government	County govern		onal government		
State government	Other (Please s	pecify):	0. 2003		
Section 2: Recipient Inform					
11. Name of business or org	ganization receiving	12. Address where financial assistance will be used:			
financial assistance:		Street address: 2108 Business Highway 2			
Delisie Properties	Delisle Properties City/State/ZIP Code: East Grand Forts, IVIN 56/2				
13. Type of organizational s	tructure of recipient receivi	ng financial assistance (Mark o	one)		
☐ C-Corporation ☐ S-Corporation		☑ Limited Liability Company (LLC)			
Other (Please specify	<i>/</i> ):				
14. Does the recipient have	a parent corporation? (Mar	k one.)			
☐Yes (Indicate name a	nd address of the parent co	rporation below. If more than	one, indicate ultimate owner.)		
✓No					
Name of parent corp	oration:				
Street address:					
City/State/ZIP Code:					
15. Recipient's primary indu	ıstry (Mark one.):	_			
✓ Manufacturing Services Finance, Insurance, Real Estate					
Retail Trade Wholesale Trade Construction					
Other Inlease specify	A.		<u> </u>		

Section 3: Agreement Information						
			17. Expected Project Completion Date:			
November 20, 2019			December 31, 2022  th sources/use statement if available). The table should			
				allable). 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.,						
Identify Private or Public	(\$) Val		195	infrastructure, cleanup, capital		
Participant				improvement)		
DEED MALE	\$			<del></del>		
DEED MIF		150000		Capital Improvement		
Bank	\$	342593	Loan	Capital Improvement		
City	\$	150000	Loan	Capital Improvement		
Other	\$	150601	(	Capital Improvement		
	\$					
Total Project Budget (all sources): 793194						
Your public participation percentage of total budget: 18.9%						
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):						
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.						
THE SECTION STATES AND STATES AND STATES AND STATES AND SECTION STATES AND SECTION STATES AND SECTION STATES AND SECTION SECTI		Number of	Average Hourly Wage	Average Hourly Value of		
	Emple		Level	Health Insurance		
A. 1 - 1 - 1	† <del></del>					

	Total Number of Employees	Average Hourly Wage Level 25.00 n/a	Average Hourly Value of Health Insurance 5.00 n/a
(New) Full-time Job Creation ( <b>Goals</b> )	5		
(New) Part-time Job Creation ( <b>Goals</b> )	0		
Job Retention ( <b>Goals</b> )	33	25.00	5.00
(New) Full-time Job Creation ( <b>Actuals</b> )	3	26.00	5.42
(New) Part-time Job Creation (Actuals)	0	n/a	n/a
Job Retention (Actuals)	33	26.00	5.42

21. What is the status of the project and how successful have they been in meeting stated goals?

Active. Current in loan payments. Recruiting & hiring to meet goals.