

2023 Minnesota Financial Assistance Form

×		008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business sidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing							
	requirement also to \$150								
	periods under the old thi			24	12	in			
	loans. (See §116J.993, Se			NLY: Report Year 20	142				
	available on the DEED w		MBAF Year:			10			
H	Please use this form to re through 2022 that fall ur		Region #:	Southeast		<u>18</u>			
	provide the status of the		Date Receive	ed: 6-1-20 2	3	ήΠ			
	be used to help the legis		Tracking #:	058					
	development activities a		Itional state in	,					
	reports are required.								
E	Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of								
	• •	oyment and Economic Development, Economic Analysis Unit, First National Bank Building, 332 esota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841							
	winnesota street, suite	EZOO, St. Paul	MIN 22101-12	51, 01 ldx to. (051) 215-56					
)	Section 1: (Grantor Inform								
	1. Name of grantor (funding	g entity):		2. Name of person comp	pleting this form:				
-	City of Eyota			Cathy Enerson	5 710 0 1				
- 1	3. Street address: 38 South Front Stree	ot		4. City: Eyota	5. ZIP Code: 55934				
\vdash	6. County:	7. Phone nu	mhar.	8. Fax number:					
	Olmsted	507-545-2		507-545-2235					
- 1	_	ication of grantor (Mark one. If grantor is entity created by government agency, please indicate For example, a city EDA would check "City government.") ————————————————————————————————————							
	✓ City government	County government Regional government							
l	State government								
	Section 2: Recipient Inform		other (Fleases	specify).					
-	11. Name of business or or		eiving	12. Address where finar	ncial assistance will	he used:			
- 1	financial assistance:	Barnzacioni rec	CIVILB						
	Eyota Holding	19 11 0		Street address: 683 Canvon Drive NW City/State/ZIP Code: Evota, MN 55934					
	7					in 18 18 18 18 18 18 18 18 18 1			
	13. Type of organizational								
	C-Corporation		S-Corporation		Limited Liability Co	mpany (LLC)			
	Other (Please specify):								
	14. Does the recipient have								
	Yes (Indicate name	and address o	f the parent co	rporation below, If more t	han one, indicate u	ltimate owner.)			
	V No								
	Name of parent cor	Name of parent corporation:							
	Street address:								
L	City/State/ZIP Code:								
	15. Recipient's primary industry (Mark one.):								
	Manufacturing	Services	[4	Finance, Insurance, Real	Estate				
	Retail Trade	☐Wholesa	ale Trade	Construction					
	Other (please speci)	fy):							

Section 3: Agreement Info	rmation							
16. Project Start Date:	,	17. Expected Project Comp	pletion Date: 444					
2022		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	\$ 100,000	TAF	expansion of adjacent business					
Private.	\$ 850,000		· L					
	\$							
	\$							
	\$							
Total Project Budget (all so	urces): 950 000	L						
Total Project Budget (all sources): 950,000 Your public participation percentage of total budget: 10.5%								
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? (<i>Mark all that apply</i> .)								
Enhancing economic	Enhancing economic diversity Stabilizing the community							
Creating high-quality		ncreasing tax base (cannot b	e only purpose)					
Job retention								
	NOTE: If job creation or retention is not a goal then please skip to Question 21.							
Section 4: Goals and Ac								
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 assistance agreement and the number of actual (new) jobs created and/or retained since the benefit date include 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 assisted agreement in which employees are scheduled to work on average at least a 40 hour work week. Part-time is defined in which an employee works for the recipient at a rate less than 40 hours per week within a recipient location retention is defined as jobs at a specific wage level that exist prior to the signing of the financial assistance agreement be evidence that the retained jobs will be lost without financial assistance or where job loss is specific and of								
must be evidence that the ret	Total Number of	Average Hourly Wa	Y					
	Employees	Level	Health Insurance					
(New) Full-time								
Job Creation (Goals)								
(New) Part-time Job Creation (Goals)								
Job Retention (Goals)								
Job Necention (doub)								
(New) Full-time	THE ONE STREET WHEN O		CONTRACTOR OF THE PROPERTY OF					
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 building has been built which allowed the Developer to sell their foremen Warehouse to ZETCORP, retaining our local manufacturer who needed room to expand via the USDA for seperation purposes, or bur largest maufactures would have had to find a new facility.								