

2023 Minnesota Financial Assistance Form

1				J.995 adjusted the level of w rant or loan, and raises the tl				
			of p	ublic financial participation a	re still required for two vear			
	periods under the old the				in			
	loans. (See §116J.993, Savailable on the DEED v	vebsite. DEED US	E O	NLY: Report Year 202	3			
	Please use this form to		ar:	2020	8			
	through 2022 that fall u		t:	Southeast	-			
	provide the status of th	Date Rec	eiv:	red: 6-1-2023	11			
	be used to help the legi development activities	Teneline	#:	061				
	reports are required.	and where da			The same of the sa			
		59-7179. Please mail com	plet	ted form before April 1 to M	innesota 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							
	Minnesota Street, Suite	e E200, St. Paul MN 55101-	-13	51; or fax to: (651) 215-3841				
	Section 1: (Grantor Inform							
	Name of grantor (funding entity): City of Eyota			2. Name of person completing this form: Cathy Enerson				
	3. Street address:			4. City:	5. ZIP Code:			
	38 South Front Stre			Eyota	55934	_		
	6. County: Olmsted	7. Phone number: 507-545-2135		8. Fax number: 507-545-2235	9. Email address: cathy.enerson@cedausa.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 gove	erni	ment Reg	gional government			
State government Other (Please specify):								
[Section 2: Recipient Infor	mation						
	11. Name of business or c	organization receiving		12. Address where financia	al assistance will be used:			
	financial assistance:	110		Street address: 285 Stone Ridge Drive NW				
	Eyota Holding	JS, LLU	City/State/ZIP Code: Evota. MN 55934					
13. Type of organizational structure of recipient receiving financial assistance (Mark one)								
	C-Corporation	S-Corporation	on	✓ Lim	nited Liability Company (LLC)			
	Other (Please specify):							
14. Does the recipient have a parent corporation? (Mark one.)								
	Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.)							
	₽No							
	Name of parent co	rporation:						
	Street address:							
City/State/ZIP Code: 15. Recipient's primary industry (<i>Mark one.</i>):								
		_	Г.	Zrinanaa Inaurii Balla	ha.k.a.			
	☐ Manufacturing☐ Retail Trade	☐Services ☐Wholesale Trade	-	<pre> 'Finance, Insurance, Real Est Construction</pre>	tate			
	i inetali irade	LIVVIIOIESAIE ITAGE	L.,	TCOHSH UCHON		- 1		

 \Box Other (please specify):

2019		/17. Expected Project Con/2/19	J- foth			
•		(attach sources/use statement	if available). The table should			
include all funding sources	s used by the recipient	to fund the project:				
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, Ioan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capit improvement)			
Public	\$ 45,000	TAF	expansion of adjacent busines			
PriVATE	\$ 455.00	0	EXPUNSIONOF			
	\$		A dyacest his ves			
	\$					
	\$					
Total Project Budget (all so		1				
Your public participation p			se. Which of the following public			
	·	ation? (Mark all that apply.)	se. Which of the following public			
Enhancing econom		Stabilizing the community				
Creating high-quali	N. O.	✓ Increasing tax base (cannot	he only nurnose)			
Job retention	ch lon Brown		be only purpose;			
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 cat	egories if required, indic ne number of actual (new	cate the (new) job creation and/or r v) jobs created and/or retained sind	etention goals stated in the financial			
For each of the following cat assistance agreement and the average hourly value of any (Full-time jobs are defined as agreement in which employee you job in which an employee we retention is defined as jobs as	egories if required, indicate number of actual (new employer-provided beness new, permanent, non-sees are scheduled to wonderks for the recipient at a specific wage level the	cate the (new) job creation and/or rev) jobs created and/or retained since fits goals for those jobs. Leasonal positions created subsequency on average at least a 40 hour work arate less than 40 hours per week what exist prior to the signing of the f	etention goals stated in the financial to the benefit date including the ent to the financial assistance the week. Part-time is defined as a new within a recipient location). Job inancial assistance agreement. There is job loss is specific and demonstrable			
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