

2022 Minnesota Financial Assistance Form

subsidy. The new threshore subsidy. The new threshore subsiders also to \$150 states.	old is \$150,000 for either a g 0,000. However, reports of p reshold levels of between \$2 ection 2, Subdivision 3\ 1.00	J.995 adjusted the level of w rant or loan, and raises the th ublic financial participation a 25,000 to \$150,000 in grants,	reshold for a public hearing re still required for two year		
 Please use this form to re 	eport on all fina DEED USE	ONLY: Report Year 202	<u> 8</u>		
through 2021 that fall ur	nder the old thr MBAFYea	2019			
provide the status of the	project toward Region #:	Northeust			
be used to help the legis development activities a	lative body und	eived: 3-31-2022			
reports are required.	Tracking				
	9-7179. Please man complet	:ea torm before April 1 to Mi	nnesota Department of		
Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332					
Minnesota Street, Suite	E200, St. Paul MN 55101-135	51; or email to ed.hodder@st	ate.mn.us		
Section 1: (Grantor Information			· · · · · · · · · · · · · · · · · · ·		
Name of grantor (funding entity): City of Grand Rapids		Name of person completing this form:Barbara Baird			
3. Street address:	jak 60 tahun Padalakatana 94 tahun dara	4. City:	5. ZIP Code:		
420 N Pokegama Ave		Grand Rapids	55744		
6. County:	7. Phone number: 2183267600	8. Fax number: 2183267608	9. Email address: bbaird@ci.grand-rapids.mn.us		
		ty created by government ago			
	ity EDA would check "City go		Province - Province and an Administration and an animal deposit of the second		
☑ City government	☐ County governr	ment Regi	ional government		
State government	Other (Please s	pecify):			
Section 2: Recipient Inform	nation				
11. Name of business or organization receiving		12. Address where financial assistance will be used:			
financial assistance:		Street address: 840 LIIY Lane			
ASV Holdings, I	nc.	City/State/ZIP Code: Grand Rapids, IMN 55/44			
13. Type of organizational structure of recipient receiving financial assistance (Mark one)			one)		
✓ C-Corporation	S-Corporation	Limi	ted Liability Company (LLC)		
Other (Please specify	<i>(</i>):				
14. Does the recipient have	a parent corporation? (Mar.	k one.)			
☐Yes (Indicate name a	ind address of the parent cor	poration below. If more than	one, indicate ultimate owner.)		
₽No					
Name of parent corp	oration:				
Street address:					
City/State/ZIP Code:	The second Address Produces Ass	70 FEB. 71 WE F. 17	7723 F T F F 41 43 872 FF		
15. Recipient's primary indu		Torons			
✓ Manufacturing Services ☐ Finance, Insurance, Real Estate			ate		
Retail Trade	Wholesale Trade	Construction			

Other (please specify):

Section 3: Agreement Info	rmation			
16. Project Start Date: 01/31/2018		17. Expected Project Completion Date: 14/30/2020		
-9 -	ng sources for project (attach		ailable). The table should	
	used by the recipient to fund			
Identify Private or Public Participant		grant, Ioan, TIF, TAF,	Use of Funds (i.e., infrastructure, cleanup, capital improvement)	
DEED	\$ 125,000	Loan	Capital Improvement	
	\$			
1000 Main 10	\$			
525,000	\$		Y. 2412	
	\$	do sue officiales	10 NAC 10	
Total Project Budget (all so	urces):	24 0 - 2		
Your public participation pe	ercentage of total budget:			
	equires that financial assistar	nce meet a public purpose. V	Vhich of the following public	
10 SECTION (BOX 10) 10 SECTION (BEST 10)	ermine your participation? (٥.	
Enhancing economic		bilizing the community		
✓ Creating high-quality job growth				
✓ Job retention		er (please specify):		
VIII VIII VIII VIII VIII VIII VIII VII	tention is not a goal then pl			
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 the financial				
assistance agreement and the	number of actual (new) jobs cr mployer-provided benefits goals	eated and/or retained since the		
	new, permanent, non-seasonal p			
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				
			cial assistance agreement. There	
			loss is specific and demonstrable.	
	Total Number of	Average Hourly Wage	Average Hourly Value of	
	Employees	Level	Health Insurance	
(New) Full-time	13	15.49	4.51	
Job Creation (Goals)	10	10.43	4.51	
(New) Part-time				
Job Creation (Goals)			100 St. 10 St. 1	
Job Retention (Goals)				
AN SOLATION ASSESSMENT	1 1 10 11 11			
(New) Full-time	14	22.15	9.08	
Job Creation (Actuals) (New) Part-time		 :-		
Job Creation (Actuals)				
Job Retention (Actuals)				
21. What is the status of th	e project and how successful	have they been in meeting	stated goals?	

ASV, Inc. has moved their parts distribution center to the City of Grand Rapids and has hired and retained fourteen new employees to fill the staging and restocking the large parts inventory.