

			ai rissistance i Gini	
subsidy. The new thresh requirement also to \$15 periods under the old the loans. (See §116J.993, Savailable on the DEED with Please use this form to through 2021 that fall uprovide the status of the beused to help the legist development activities are required.  Questions? Call (651) 25 Employment and Economics	report on all final inder the old thre project towards slative body unde Date Rec	rant or loan, and raises the trublic financial participation at 5 000 to \$150 000 in grants.  E ONLY: Report Year 20 20 11: Northcust: 3-31-2020 #: 028  red form before April 1 to Mind Evaluation Office, First Na	hreshold for a public hearing are still required for two year and \$75,000 to \$150,000 in	
Section 1: (Grantor Inform	ation)			
1. Name of grantor (funding Grand Rapids Economic	g entity): c Development Authority	2. Name of person completing this form: Barbara Baird		
3. Street address:		4. City:	5. ZIP Code:	
420 N Pokegama Ave		Grand Rapids	55744	
6. County: Itasca	7. Phone number: 2183267600	8. Fax number: 2183267608	<ol><li>9. Email address: bbaird@ci.grand-rapids.mn.us</li></ol>	
10. Classification of grantor	(Mark one. If grantor is entit	ty created by government ag	ency, please indicate	
affiliation. For example, a city EDA would check "City government.")				
☑ City government ☐ County government ☐ Regional government				
State government	Other (Please sp	pecify):		
Section 2: Recipient Inform	nation		28.72.77.77.77.77.77	
11. Name of business or organization receiving		12. Address where financial assistance will be used:		
financial assistance:		Street address: 502 County Road bo		
Itasca Eco Industrial Park, LLC City/State/ZIP Code: Grand Rapids, MIN 55/44				
13. Type of organizational structure of recipient receiving financial assistance (Mark one)				
C-Corporation S-Corporation		☑ Limited Liability Company (LLC)		
Other (Please specify	y);			
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 corporation: Itasca Economic Development Corporation				
Street address: 12 NW 3rd Street				
City/State/ZIP Code: Grand Rapids, MN 55744				
15. Recipient's primary industry (Mark one.):				
■ Manufacturing	Manufacturing Services Finance, Insurance, Real Estate			

Construction

Retail Trade

☐Wholesale Trade

☑Other (please specify): Economic Development

Section 3: Agreement Info	rmation		
16. Project Start Date: 01/01/2010		17. Expected Project Completion Date: 12/31/2024	
18. Please specify all fundir	ig sources for project (atta	ch sources/use statement i	favailable). The table should
include all funding sources	used by the recipient to fu	nd the project:	
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)
See attached funding sources	\$		
	\$	**************************************	
and the same that the same of	\$		
	\$		
	\$		
Total Project Budget (all so	urces):		
Your public participation pe	<del></del>		
			e. Which of the following public
purposes were used to dete			
Enhancing economic	diversityS	tabilizing the community	
✓ Creating high-quality		creasing tax base (cannot l	
Job retention	<b></b> ✓o	ther (please specify): Elim	inate Blight & promote future
NOTE: If job creation or re-	tention is not a goal then <sub>l</sub>	please skip to Question 21.	
Section 4: Goals and Act	ual Performance	The second secon	
20. Job Creation and/or R	etention <b>Goals</b> (first yea	r report) and Actuals (se	cond year report):
For each of the following categ assistance agreement and the average hourly value of any er	number of actual (new) jobs	created and/or retained since	tention goals stated in the financial the benefit date including the
(Full-time jobs are defined as r	new, permanent, non-seasona	ıl positions created subsequen	t to the financial assistance
			week. Part-time is defined as a new
job in which an employee work			
			ancial assistance agreement. There iob loss is specific and demonstrable.
	Total Number of	Average Hourly Wa	
	Employees	Level	Health Insurance
(New) Full-time	15	15.00	
Job Creation (Goals)	: IV	10,00	
(New) Part-time			
Job Creation (Goals) Job Retention (Goals)			
Job Retention (Goals)			
(New) Full-time			
Job Creation (Actuals)			
(New) Part-time			
Job Creation (Actuals)	THE STATE OF THE S	and the state of the second and the	
Job Retention (Actuals)	Tax		
	***************************************		· · · · · · · · · · · · · · · · · · ·

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

The parties amended the business subsidy agreement's "benefit date" to bring it into compliance with the definition of Benefit Date in the Business Subsidy Act. Under such amended definition, the Benefit Date has not occurred yet. The improvements are not yet completed for the entire project and no business has occupied the facility. As provided in the First Amendment to the Grand Agreement (attached), the Property has been conveyed to the Third-Party Purchaser and construction is expected to begin as soon as possible.