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## 2021 Minnesota Financial Assistance Form

subsidy. The new thresh requirement also to \$15 periods under the old the loans. (See §116J.993, Second available on the DEED with the loans with the loans are used this form to be used to help the legist development activities are ports are required.  Questions? Call (651) 25 Employment and Economic Minnesota Street, Suite	report on all fin nder the old the project towar slative body un and where addi racking 69-7179. Please mail comprisc Development, Analysis E200, St. Paul MN 55101-1	a grant or loan, and raise of public financial particip  SE ONLY: Report Year 2  ear: 201  #: Northerst  ceived: 4-2-202  #: 043  pleted form before April: s and Evaluation Office, F.	s the threshold for a publication are still required for a publication are still requ	ic hearing r two year 	
Section 1: (Grantor Inform		Ta 11			
Name of grantor (funding Grand Rapids Economics)	~ ,,		2. Name of person completing this form:		
3. Street address:		4. City:	5. ZIP Code:		
420 N Pokegama Ave		Grand Rapids	55744		
6. County:	7. Phone number:	8. Fax number:	9. Email address:		
Itasca	218.326.7615	218.326.7608	bbaird@ci.grand-		
10. Classification of grantor affiliation. For example, a c			ent agency, please indica	te	
			70		
✓ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify):					
Section 2: Recipient Inform		e specify).			
11. Name of business or or	SCHOOL STATE OF STATE	12. Address where fit	nancial assistance will be	used.	
financial assistance:	,umenton receiving	2 2 20 5 17			
Itasca Eco Industrial Park, LLC Street address: 502 County Road 63 City/State/ZIP Code: Grand Rapids, MN 55/44					
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
C-Corporation Other (Please specify	S-Corporation	✓ Limited Liability Company (LLC)			
14. Does the recipient have		lark one l			
	and address of the parent of	50 September 2010 Sep	e than one indicate ultim	ate owner \	
□No	The Gaussian of the purches	orporation below. If more	sidir one, maicate aitim	ate owner.	
N	oration: Itasca Econom	nic Development Corr	ooration		
Street address: 12 N		200 5			
City/State/ZIP Code:	Grand Rapids, MN 5	5744			
15. Recipient's primary indu	ıstry (Mark one.):				
Manufacturing	Services	Finance, Insurance, Real Estate			
Retail Trade					
Other (please specify	): Economic Developm	nent			

Section 3: Agreement Info	rmation				
16. Project Start Date:		17. Expected Project Completion Date:			
1/01/2010		12/31/2014			
18. Please specify all funding	g sources for project (at	tach sources/use statement if	available). The table should		
include all funding sources					
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	\$				
	\$				
	\$	*			
	\$				
	\$				
Total Project Budget (all sou					
Your public participation pe		**			
			. Which of the following public		
purposes were used to dete	rmine your participation	? (Mark all that apply.)	. Which of the following public		
Enhancing economic		Stabilizing the community			
✓ Creating high-quality					
Job retention					
		please skip to Question 21.	and angular promoter rate, an		
Section 4: Goals and Act	***************************************	processing to Question 22.			
		ear report) and Actuals (sec	cond year report):		
			ention goals stated in the financial		
assistance agreement and the average hourly value of any en	number of actual (new) job	s created and/or retained since	the benefit date including the		
		nal positions created subsequent	to the financial assistance		
agreement in which employees	are scheduled to work on i	average at least a 40 hour work	week. Part-time is defined as a new		
Job in which an employee work	s for the recipient at a rate	less than 40 hours per week with	hin a recipient location). Job		
must be evidence that the reta	inspecific wage level that ex ined lobs will be lost withou	ust prior to the signing of the find ut financial assistance or where i	ancial assistance agreement. There ob loss is specific and demonstrable.		
	Total Number of	Average Hourly Wag			
	Employees	Level	Health Insurance		
(New) Full-time	27 9 4	40.00			
Job Creation (Goals)	15	12.82			
(New) Part-time					
Job Creation (Goals)					
Job Retention (Goals)					
FLIGHT CONTRACTOR					
(New) Full-time					
Job Creation (Actuals)					
(New) Part-time					
Job Creation (Actuals)					
Job Retention ( <b>Actuals</b> )					
		sful have they been in meetin			
The parties amended the business Business Subsidy Act. Under such for the entire project and not busin	s subsidy agreement's "benef amended definition, the Ben ess has occupied the facility.	it date" to bring it into compliance verifit Date has not occurred yet. The	with the definition of Benefit Date in the improvements are not yet completed on to the Grand Agreement (attached)		