

2021 Minnesota Financial Assistance Form

subsidy. The new threshorequirement also to \$150 periods under the old the loans. (See §116J.993, Seavailable on the DEED we Please use this form to rethrough 2020 that fall urprovide the status of the be used to help the legis development activities a reports are required. Questions? Call (651) 25 Employment and Econor	pold is \$150,000 for either a group,000. However, reports of preshold levels of between \$2 ectect between \$2 mod MBAF Year: DEED USE ONLY: Report MBAF Year: DOLY Date Received: 7- Tracking #: 7- 9-7179. Please mail complete	30・2021 2081 ed form before April 1 to Mind Evaluation Office, First Nat	reshold for a public hearing re still required for two year and \$75,000 to \$150,000 in g forms are Idar year 2008 Treport to a gathered will conomic additional		
Section 1: (Grantor Informa	ation)	×.			
Name of grantor (funding entity): City of Ham Lake		2. Name of person completing this form: Andrea Worcester			
3. Street address: 15544 Central Ave Ne		4. City: Ham Lake	5. ZIP Code: 55304		
6. County: Anoka	7. Phone number: 763-235-1668	8. Fax number:	9. Email address: aworcester@ci.ham-lake.mn.us		
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 ☐ State government	☐ County governr☐ Other (Please s	16-16-16-16-16-16-16-16-16-16-16-16-16-1	ional government		
Section 2: Recipient Inform	nation				
11. Name of business or org	ganization receiving	12. Address where financial assistance will be used:			
financial assistance:		Street address: 13487 Aberdeen St Ne			
Larson Systems, Inc City/State/ZIP Code: Ham Lake. MN 55304					
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
☐ C-Corporation ☐ S-Corporation ☐ S-Corporation		Lim	ited Liability Company (LLC)		
14. Does the recipient have	a parent corporation? (Mar	k one.)			
Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.)					
√No					
Name of parent corporation:					
Street address:					
City/State/ZIP Code:					
15. Recipient's primary industry (Mark one.):					
✓ Manufacturing Services Finance, Insurance, Real Estate					
Retail Trade					

 \square Other (please specify):

Section 3: Agreement Information					
		17. Expected Project Completion Date: 2/01/2015			
18. Please specify all fundin	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		** - Company of the c	infrastructure, cleanup, capital improvement)		
Frandsen Bank	\$ 740,000	loan	capital improvement		
Ham Lake Dev Corp	\$ 75,000	loan	capital improvement		
	\$				
	\$				
	\$				
Total Project Budget (all sources):					
Your public participation pe					
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? (Mark all that apply.)					
	diversity ✓ Sta	bilizing the community			
Creating high-quality job growth Increasing tax base (cannot be only purpose)					
✓ Job retention	Ot	her (<i>please specify</i>):			
NOTE: If job creation or re	tention is not a goal then p	lease skip to Question 21.			
Section 4: Goals and Act	ual Performance				
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 created and/or retained since the benefit date including the					
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 assistance agreement in which employees are scheduled to work on average at least a 40 hour work week. Part-time is defined as a new					
		s than 40 hours per week withi			
retention is defined as jobs at	a specific wage level that exist	prior to the signing of the finan	cial assistance agreement. There		
must be evidence that the reta	1		loss is specific and demonstrable.		
		CONT	Average Hourly Value of		
(Na) Full times	Employees	Level	Health Insurance		
(New) Full-time Job Creation (Goals)	3	15.00-16.99	9 16.00		
(New) Part-time					
Job Creation (Goals)					
Job Retention (Goals)					
(New) Full-time	2	2	2		
Job Creation (Actuals)	3	3	3		
(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 funding provided by Ham Lake was CDBG funds and they were used to expand Larson					
System's business and create additional jobs. This was complted within 2013 program year. This was a successful use of CDBG for job creation.					
was a successful use of CDBG for job creation.					