

2021 Minnesota Financial Assistance Form

 A 2008 amendment to Minn. Stat. §116J.993 to § subsidy. The new threshold is \$150,000 for either requirement also to \$150,000. However, reports periods under the old threshold levels of 	r a grant o	r loan, and raises the t	hreshold for a public	hearing wo year		
loans (Soo 81161 002 Section 2 Subdivi		000	1	e		
available on the DEED website.	USE ONLY	Report Year 202	<u>. l</u>	C		
 Please use this form to report on all fina MBAR 	Year:	7090		2008		
through 2020 that fall under the old thre Regio	n#: 50	buthwest				
provide the status of the project toward: Date	Received:	4-26-2021		will		
be used to help the legislative body unde	ing #:	054				
development activities and where additi reports are required.		2011 - 1947 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 -		1		
 Questions? Call (651) 259-7179. Please mail com 	nleted for	m before April 1 to M	innesota Denartmen	t of		
Employment and Economic Development, Analys						
Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841						
6-1:-1/6-1-1/	**					
Section 1: (Grantor Information) 1. Name of grantor (funding entity):	2 1/2	ama of norson complet	ting this form.			
City of Hutchinson		2. Name of person completing this form: Miles R. Seppelt				
3. Street address:	4. Ci		5. ZIP Code:			
1164 Benjamin Avenue SE	(1) 000 PM (1) PM (1)	chinson	55350			
6. County: 7. Phone number: (320) 234-4223	8. Fa	x number:	9. Email address:	ıtahinaan		
1, 1						
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 government ☐ Regional government						
☐ State government ☐ Other (Plea	se specify,	<u>; </u>				
Section 2: Recipient Information	12.4	11	1			
11. Name of business or organization receiving financial assistance:		12. Address where financial assistance will be used:				
		Street address: 900 Hwy / vvest				
Zephyr Wind Services City/State/ZIP Code: Hutchinson, MIN 55350)		
13. Type of organizational structure of recipient receiving financial assistance (Mark one)						
☐C-Corporation ☐ S-Corporati	on	✓ Limited 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 corporation:						
Street address:						
City/State/ZIP Code:						
15. Recipient's primary industry (<i>Mark one.</i>):						
	Пг:	oo Ingurese De-IF	ata			
☐ Manufacturing ☑ Services ☐ Finance, Insurance, Real Estate						
Retail Trade Wholesale Trade Construction						
☐Other (please specify):						

Section 3: Agreement Info	ormation					
16. Project Start Date:		17. Expected Project Comple	etion Date:			
October 10, 2019	October 10, 2019 October 9, 2021					
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		A CONTRACT OF THE PARTY OF THE	Use of Funds (i.e.,			
Participant			infrastructure, cleanup, capital			
		etc.)	improvement)			
City of Hutchinson	\$ 100,000	Loan	machinery & equipment			
	\$					
	\$					
	\$					
	\$					
Total Project Budget (all so	urces):					
Your public participation pe	ercentage of total budget:					
	equires that financial assistar	ice meet a public purpose. V	Vhich of the following public			
The common control of the control of	ermine your participation? (/					
✓ Enhancing economic	diversity	oilizing the community				
	. =		only nurnose)			
☐ Creating high-quality job growth ☐ Increasing tax base (cannot be only purpose)						
Job retention	· · · · · · · · · · · · · · · · · · ·	er (please specify):				
NOTE: If job creation or re	tention is not a goal then ple	ease skip to Question 21.				
Section 4: Goals and Act	tual Performance					
20. Job Creation and/or F	Retention Goals (first year	report) and Actuals (seco	nd 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						
			ek. Part-time is defined as a new			
	ks for the recipient at a rate less a specific wage level that exist r		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	E	¢40.00	NI/A			
Job Creation (Goals)	5	\$12.38	N/A			
(New) Part-time						
Job Creation (Goals)						
Job Retention (Goals)						
(New) Full-time	40	фо 7 4 Г	Φ0.70			
Job Creation (Actuals)	13	\$27.15	\$2.73			
(New) Part-time						
Job Creation (Actuals)						
Job Retention (Actuals)						
19						
21. What is the status of the project and how successful have they been in meeting stated goals?						
	ce its opening, Zephyr W					
		27.15 / hour on average.	The company has met its			
job creation goals and continues to grow.						