

## 2024 Minnesota Financial Assistance Form

- A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business subsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing requirement also to \$150,000. However, reports of public financial participation are still required for two year periods under the old threshold levels of between \$25,000 to \$150,000 in grants, and \$75,000 to \$150,000 in loans. (See §116J.993, Section 2, Subdivision 3). Additional non-JOBZ business subsidy reporting forms are available on the DEED website.
- Please use this form to report on all financial assistance participation entered into during calendar year <u>2008</u> through 2023 that fall under the old threshold levels. This form is also used as the second year report to provide the status of the project towards meeting goals stated at Question 20. The information gathered will be used to help the legislative body understand how local units of government participate in economic development activities and where additional state financial resources may be best utilized. No additional reports are required.
- Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of Employment and Economic Development, Economic Analysis Unit, Great Northern Building, 180 E 5th St, Suite 1200, St. Paul MN 55101; or fax to: (651) 215-3841

Section 1: (Grantor Inform	nation)				
1. Name of grantor (funding entity):		2. Name of person co	2. Name of person completing this form:		
3. Street address:		4. City:	5. ZIP Code:		
6. County:	7. Phone number:	8. Fax number:	9. Email address:		
	I or (Mark one. If grantor is e city EDA would check "City	, , , ,	nent agency, please indicate		
City government	County gove	rnment	Regional government		
State government	Other (Pleas	e specify):	pecify):		
Section 2: Recipient Inform	mation				
11. Name of business or organization receiving financial assistance:		12. Address where fi	12. Address where financial assistance will be used:		
		Street address:	Street address:		
		City/State/ZIP Code:			
13. Type of organizational	structure of recipient rece	iving financial assistance	(Mark one)		
C-Corporation	S-Corporatio	n	Limited Liability Company (LLC)		
Other (Please speci	fy):				
14. Does the recipient hav	e a parent corporation? (N	lark one.)			
Yes (Indicate name	and address of the parent	corporation below. If moi	re than one, indicate ultimate owner.)		
No					
Name of parent cor	poration:				
Street address:					
City/State/ZIP Code	:				
15. Recipient's primary inc	dustry ( <i>Mark one.</i> ):				
Manufacturing	Services	Finance, Insurance, R	Finance, Insurance, Real Estate		
Retail Trade	Wholesale Trade	Construction			
Other (please speci	fy):				

Section 3: Agreement Info	rmation				
16. Project Start Date:		17. Expected Project Completion Date:			
18. Please specify all fundin	g sources for project (attach	sources/use statement if av	vailable). The table should		
include all funding sources used by the recipient to fund the project:					
Identify Private or Public Participant		grant, Ioan, TIF, TAF,	Use of Funds (i.e., infrastructure, cleanup, capital improvement)		
	\$				
	\$				
	\$				
	\$				
	\$				
Total Project Budget (all sou	urces):				
Your public participation percentage of total budget:					
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.)					
Enhancing economic	diversity Sta	bilizing the community			
Creating high-quality job growth Increasing tax base (cannot be only purpose			only purpose)		
Job retention	Oth	er ( <i>please specify</i> ):			
NOTE: If job creation or retention is not a goal then please skip to Question 21.					
Section 4: Goals and Actual 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.					
agreement in which employees job in which an employee work retention is defined as jobs at a	ks for the recipient at a rate less a specific wage level that exist p	rage at least a 40 hour work we than 40 hours per week within prior to the signing of the finan	eek. Part-time is defined as a new		
	Total Number of	Average Hourly Wage	Average Hourly Value of		
	Employees	Level	Health Insurance		
(New) Full-time					
Job Creation ( <b>Goals</b> )					
(New) Part-time Job Creation ( <b>Goals</b> )					
Job Retention ( <b>Goals</b> )					
(New) Full-time					
Job Creation ( <b>Actuals</b> )					

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

(New) Part-time Job Creation (**Actuals**) Job Retention (**Actuals**)