

•	subsidy. The new thresh requirement also to \$15 periods under the old th loans. (See §116J.993, So	old is \$15 0,000. Ho reshold le ection :	0,000 for either a wever, reports of evels of between	gr f pu \$25	ant or loan, and raises the the blick financial participation a 5,000 to \$150,000 in grants.	reshold for a por re still required	ublic hearing for two year		
	available on the DEED w Please use this form to r through 2020 that fall use provide the status of the be used to help the legis development activities a reports are required. Questions? Call (651) 25	report c nder the project slative t and whe	Region #: W Date Received:	3	+ Certur! -11-2021	nnesota Depart	year <u>2008</u> ort to hered will mic itional		
V					d Evaluation Office, First Nat 1; or fax to: (651) 215-3841	tional Bank Buil	ding, 332		
Se	ection 1: (Grantor Inform	ation)							
Ci	Name of grantor (funding entity): City of Moorhead				Name of person completing this form: Amy Thorpe				
	3. Street address: 500 Center Ave - PO Box 779				4. City: Moorhead	5. ZIP Code: 56560			
CI	County: ay	218.29	e number: 19.5442		8. Fax number: 218.299.5399		yofmoorhead.com		
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✓ Other (Please specify):								
State government Unter (Please specify): Section 2: Recipient Information									
	. Name of business or or		n receiving	1	12. Address where financia	l assistance will	be used:		
	nancial assistance:	0			Street address: 814 Center Ave				
	Center Ave Retail LLC				City/State/ZIP Code: Moornead, MIN 56560				
13	3. Type of organizational s	structure	of recipient receiv	vin	g financial assistance (Mark	one)			
	☐C-Corporation☐Other (Please specif	y):	S-Corporation	✓ Limited Liability Company (LLC)					
14	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:									
25500	City/State/ZIP Code:								
15. Recipient's primary industry (Mark one.):									
					Finance, Insurance, Real Estate				
	Retail Trade Wholesale Trade Construction								
	Other (please specif	v):							

Section 3: Agreement Information									
16. Project Start Date: Permit Date: 5/22/2019		17. Expected Project Completion Date: Certificate of Occupancy: 3/11/2020							
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 Participant	(\$) Value	Type of Assistance (grant, Ioan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capita improvement)						
Public	\$ 112,500	Property Tax Incentive	Tax Relief						
Private	\$ 1,750,000	Private Capital	Construction Costs						
Private	\$ 300,000	Private Capital	Land Costs						
	\$								
	\$								
Total Project Budget (all sources): \$2,162,500									
	ercentage of total budget: 5.								
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 Stabilizing the community									
☐ Creating high-quality job growth									
□ Job retention □ Other (please specify): Create additional housing choice									
NOTE: If job creation or retention is not a goal then please skip to Question 21.									
Section 4: Goals and Act	tual 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 job in which an employee works for the recipient at a rate less than 40 hours per week within a recipient location). Job retention is defined as jobs at a specific wage level that exist prior to the signing of the financial assistance agreement. There must be evidence that the retained jobs will be lost without financial assistance or where job loss is specific and demonstrable.									
	Total Number of Employees	Average Hourly Wag Level							
(New) Full-time Job Creation (Goals)	5	\$10.15+							
(New) Part-time									
Job Creation (Goals)									
Job Retention (Goals)									
			Barriel Carrier Committee						
(New) Full-time Job Creation (Actuals)	12	\$16.00							
(New) Part-time	2.25								
Job Creation (Actuals)	10	\$11.00							
Job Retention (Actuals)									
21. What is the status of the	e project and how successful	I have they been in meeting	s stated goals?						
Project is complete. But			5 stated Bouls:						
genie.									