

2021 Minnesota Financial Assistance Form

 A 2008 amendment to M 	linn. Stat. §116J.993 to §116	5J.995 adjusted the level of w	hat constitutes a business	
The second secon		grant or loan, and raises the th		
		public financial participation a		
periods under the old the		- 10 /	\$150,000 in	
loans. (See §116J.993, Se	ection	Report Year 2021	<u>rms</u> are	
available on the DEED we	ebsite. DEED USE ONLY:	Nepoli real		
 Please use this form to re 	eport (MBAF Year: 20	1071	year <u>2008</u>	
through 2020 that fall ur	iderth Region #:	of Court	ort to	
provide the status of the	projec Date Received:	3-3-2021	:hered will	
be used to help the legis	Tomolean or fft	016	mic	
development activities a	nd wh		₄itional	
reports are required.	0 7170 D laces well semale	tad farm bafara Amril 1 to Mi	nneseta Department of	
		ted form before April 1 to Mi		
N 0*N		nd Evaluation Office, First Nat 51; or fax to : (651) 215-3841	tional bank building, 552	
Minnesota Street, Suite	E200, St. Paul WIN 33101-13	31, 01 lax to. (031) 213-3841		
Section 1: (Grantor Informa	ation)			
1. Name of grantor (funding entity):		2. Name of person completing this form:		
City of Moorhead		Amy Thorpe		
3. Street address:		4. City:	5. ZIP Code:	
500 Center Ave - PO B	ox 779	Moorhead	56560	
6. County:	7. Phone number:	8. Fax number:	9. Email address:	
Clay	218.299.5442	218.299.5399	amy.thorpe@cityofmoorhead.com	
10. Classification of grantor	(Mark one. If grantor is ent	ity created by government ag	ency, please indicate	
	ity EDA would check "City go			
✓ City government	☐ County govern	ment Reg	ional government	
_		Market Section 1997	ional government	
☐ State government	Other (Please s	specify).		
Section 2: Recipient Inform		142 411 1 6		
11. Name of business or org	ganization receiving	12. Address where financial assistance will be used:		
financial assistance:		Street address: 1200-1206 25th St S		
Luxsun Investements LLC City/State/ZIP Code: Moornead, MIN 50500				
13. Type of organizational s	tructure of recipient receivi	ng financial assistance (Mark	one)	
☐C-Corporation ☐ S-Corporation		✓ Limited Liability Company (LLC)		
The same of the sa	The control of the co	Ų Liiii	ited Liability Company (LLC)	
Other (Please specify	<u> </u>			
	a parent corporation? (Mar			
∐Yes (Indicate name a	ind address of the parent co	rporation below. If more than	one, indicate ultimate owner.)	
√No				
Name of parent corp	oration:			
Street address:				
City/State/ZIP Code:				
15. Recipient's primary indu	ustry (Mark one.):			
Manufacturing	Services	Finance, Insurance, Real Est	ate	
Retail Trade				
∟Ketali Trade	vviiolesale Trade			

 \square Other (please specify):

Section 3: Agreement Information					
16. Project Start Date:		7. Expected Project Completion Date:			
May 2017			1ay 2019		
		h sources/use statement if a	vailable). 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		(grant, Ioan, TIF, TAF, etc.)	infrastructure, cleanup, capital improvement)		
Dublic	\$ 108.864		Tax Relief		
Public	100,001	Property Tax Incentive			
Private	\$ 3,046,500	Private Capital	Construction Costs		
Private	\$ 253,500	Private Capital	Land Costs		
	\$				
	\$				
Total Project Budget (all sou	urces): \$3,408,864				
Your public participation pe	rcentage of total budget: 3	.2%			
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 St	abilizing the community			
Creating high-quality	job growth ✓In	creasing tax base (cannot be	only purpose)		
Job retention		ther (please specify):			
NOTE: If job creation or re		Production of the State of the			
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.					
(Full-time jobs are defined as new, permanent, non-seasonal positions created subsequent to the financial assistance					
		erage at least a 40 hour work v ss than 40 hours per week with	veek. Part-time is defined as a new		
			ncial assistance agreement. There		
			b loss is specific and demonstrable.		
	Total Number of	Average Hourly Wag	The second secon		
	Employees	Level	Health Insurance		
(New) Full-time	5	\$9.24+			
Job Creation (Goals)		Ψ0.21			
(New) Part-time Job Creation (Goals)					
Job Retention (Goals)					
Job Retention (Godis)					
(New) Full-time					
Job Creation (Actuals)	8	\$23.00			
(New) Part-time	7	040.00			
Job Creation (Actuals)	7	\$19.00			
Job Retention (Actuals)					
× 9					
21. What is the status of the project and how successful have they been in meeting stated goals?					
Project is complete. Business has met investment and job goals.					