

5	subsidy. The new threshorequirement also to \$150	old is \$150,000 for either a g 0,000. However, reports of p	of 1995 adjusted the level of ware rant or loan, and raises the th ublic financial participation a	nreshold for a public hearing re still required for two year		
I	oans. (See §116J.993, Se	ection 2, Sı	25,000 to \$150,000 in grants,	and \$75,000 to \$150,000 in are		
·   <u>!</u>	evailable on the DEED we Please use this form to re through 2020 that fall ur provide the status of the pe used to help the legis	eport on a mader the o project to Region #:	2018 Jost Centul 3-11-2021	r <u>2008</u> to red will		
! ! (	<b>Employment and Econor</b>	9-7179. Please mail complet nic Development, Analysis an	ted form before April 1 to Mind Evaluation Office, First Nation (651) 215-3841	nal nnesota Department of tional Bank Building, 332		
	tion 1: (Grantor Inform		2 Nove of names complete	ing this form.		
Name of grantor (funding entity):  City of Moorhead			2. Name of person complet Amy Thorpe			
3. Street address: 500 Center Ave - PO Box 779			4. City: Moorhead	5. ZIP Code: 56560		
6. ( Cla	County: IY	7. Phone number: 218.299.5442	8. Fax number: 218.299.5399	9. Email address: amy.thorpe@cityofmoorhead.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					
•	State government	Other (Please s	гресіту):			
	tion 2: Recipient Inform Name of business or or		12. Address where financial assistance will be used:			
financial assistance:			Street address: 2951 11 St S			
		a Muscatell Supercenter)	City/State/ZIP Code: Moornead, MN 56560			
13.	Type of organizational s	structure of recipient receiving	ng financial assistance (Mark	one)		
	☐ C-Corporation ☐ Other (Please specification)	S-Corporation y):	<b>√</b> Lim	ited Liability Company (LLC)		
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 ind					
	☐Manufacturing ☑Retail Trade	Services  Wholesale Trade	Finance, Insurance, Real Est Construction	ate		
	Other (please specif	y):				

Section 3: Agreement Information							
16. Project Start Date:		17. Expected Project Completion Date:					
Permit Date: 7/31/2017	7	Certificate of Occupancy: 3/29/2018					
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		(grant, loan, TIF, TAF, etc.)	infrastructure, cleanup, capital improvement)				
Public	\$ 80,000	Property Tax Incentive	Tax Relief				
Private	\$ 1,500,000	Private Capital	Construction Costs				
Private	\$ 699,700	Private Capital	Land Costs				
	\$						
	\$						
Total Project Budget (all sources): \$2,279,700							
Your public participation percentage of total budget: 3.5%							
19. Minn. Stat. §116J.994 requires that financial assistance meet a public purpose. Which of the following public							
purposes were used to dete							
Enhancing economic	diversitySt	abilizing the community					
Creating high-quality	job growth ✓In	creasing tax base (cannot be	e only purpose)				
✓ Job retention	✓ Job retention Other (please specify):						
NOTE: If job creation or re	tention is not a goal then p	olease skip to Question 21.					
Section 4: Goals and Actual Performance							
20. Job Creation and/or Retention <b>Goals</b> (first year report) and <b>Actuals</b> (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.							
			to the financial assistance				
(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							
		ss than 40 hours per week with	The state of the s				
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 Average Hourly Wage Average Hourly Value of							
	Employees	Level	Health Insurance				
(New) Full-time							
Job Creation (Goals)							
(New) Part-time	8						
Job Creation (Goals)							
Job Retention ( <b>Goals</b> )	5	\$9.98+					
(New) Full-time		40455					
Job Creation (Actuals)	2	\$21.00					
(New) Part-time							
Job Creation (Actuals)							
Job Retention (Actuals)	5	\$33.00+					
			1				
21. What is the status of the project and how successful have they been in meeting stated goals?							
Project is complete. Business has met all investment and job goals.							