EMPLOYMENT AND ECONOMIC DEVELOPMENT

2021 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						
		reshold levels of between \$2	5,000 to \$150,000 in grants) in			
		ection 2, Subdivision 2, Auto	201	2			
	available on the DEED w	ebsite.	ONLY: Report Year 206				
	Please use this form to r through 2020 that fall u	eport on all fin DEED USE	2021	8			
	provide the status of the	Weight toward	Southeast	U			
	be used to help the legis	lating bady and Region #	11 22-2011				
development activities and where additi Date Received:							
	eports are required. Tracking #:						
Questions? Call (651) 259-7179. Please n Zourpieted form before April 1 to Minnesota Department of Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332							
							Minnesota Street, Suite
Sor	ction 1: (Grantor Inform	ation					
1. Name of grantor (funding entity): 2. Name of person completing this form:							
City of New Ulm			David Schnobrich				
3. Street address:			4. City;	5. ZIP Code:			
100 North Broadway			New Ulm	56073			
6. (6. County: 7. Phone number:		8. Fax number:	9. Email address:			
Brown 50		507-359-8245	507-359-8306	davids@newulmmn.gov			
10.	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 specify):						
Sec	tion 2: Recipient Inform						
	Name of business or or		12. Address where financial assistance will be used:				
financial assistance:							
SPRD, LLC			Street address: 810 North Front Street City/State/ZIP Code: New Ulm, MN 56073				
13. Type of organizational structure of recipient receiving financial assistance (Mark one)							
	C-Corporation	S-Corporation	✓ Lim	ited Liability Company (LLC)			
Other (Please specify):							
14. Does the recipient have a parent corporation? (Mark one.)							
\square 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 (Mark one.):							
	☐Manufacturing ☐Services ☐ Finance, Insurance, Real Estate						
	Retail Trade Wholesale Trade Construction						
	Other (please specify): Storage						
	Mother (blease specify): Otologo						

Section 3: Agreement Info	rmation					
16. Project Start Date: May 1, 2020		17. Expected Project Completion Date: June 1, 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	(\$) Value	Type of Assistance	Use of Funds (i.e.,			
Participant		(grant, loan, TIF, TAF, etc.)	Infrastructure, cleanup, capital Improvement)			
Private-Bank	\$ 75,000	Loan	New roof & fire sprinkler system repairs			
Public-EDA	\$ 75,000	Loan	New roof & fire sprinkler system repairs			
	\$					
	\$	***	~			
	\$	\(\frac{1}{2}\)				
Total Project Budget (all sou	ırces): \$150,000					
Your public participation pe	rcentage of total budget: 5	0%				
19. Minn. Stat. §116).994 re	equires that financial assista	ance 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	ACI NO STATE OF STATE	creasing tax base (cannot be				
□ Job retention □ Other (please specify): Improve Commercial Buildings						
NOTE: If job creation or retention is not a goal then please skip to Question 21.						
Section 4: Goals and Act						
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	Average Hourly Wage	Average Hourly Value of			
(New) Full-time	Employees	Level	Health Insurance			
Job Creation (Goals)						
(New) Part-time						
Job Creation (Goals)						
Job Retention (Goals)						
(New) Full-time						
Job Creation (Actuals)						
(New) Part-time						
Job Creation (Actuals)						
Job Retention (Actuals)						
21. What is the status of the project and how successful have they been in meeting stated goals?						
 Building improvements Building is being used 	have been completed		- American			