

## 2024 Minnesota Financial Assistance Form

subsidy. The new thresh- requirement also to \$150 periods under the old th loans. (See §116J.993, Se available on the DEED w	old is \$150,000 for either a g 0,000. However, reshold levels or ection 2, Subdivi DEED USE ebsite. MBAF Yea	ONLY: Report Year			
<ul> <li>Please use this form to r through 2023 that fall ur</li> </ul>	ador the old the		<u>8</u>		
provide the status of the	project toward		ill		
be used to help the legis	10 10 10 10 10 10 10 10 10 10 10 10 10 1	<del></del>			
reports are required.	nd where additional state fir	nancial resources may be bee	Come		
A company to the company of the comp	9-7179. Please mail complet	ted form before April 1 to M	innesota Department of		
To see any	nic Development, Economic		*		
Great Northern Building	, 180 E 5th St, Suite 1200, St.	. Paul MN 55101; or <b>fax to:</b> (6	551) 215-3841		
Section 1: (Grantor Inform					
Name of grantor (funding entity):     City of New Ulm		2. Name of person completing this form: David Schnobrich			
3. Street address:		4. City: New Ulm	5. ZIP Code:		
100 North Broadway  6. County:	7. Phone number:	8. Fax number:	56073   9. Email address:		
Brown	(507) 233-2116	(507) 359-9752	davids@newulmmn.gov		
	· · · · · · · · · · · · · · · · · · ·	ity created by government ag	ency, please indicate		
affiliation. For example, a city EDA would check "City government.")					
☑ City government ☐ County government ☐ Regional government					
State government	Other (Please s	pecify):			
Section 2: Recipient Inform		112 0 1 1	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
11. Name of business or organization receiving financial assistance:		12. Address where financial assistance will be used:			
Southern Minnesota Tooling, Inc.		Street address: 1212 North Front Street			
13. Type of organizational structure of recipient receiving financial assistance ( <i>Mark one</i> )					
☑ C-Corporation ☐ S-Corporation ☐ Other (Please specify):					
55A	a parent corporation? (Mar	ra monarana.			
25 98 88	ind address of the parent cor	poration below. If more than	one, indicate ultimate owner.)		
<b>₽</b> No					
Name of parent corp	ooration:				
Street address: City/State/ZIP Code:					
15. Recipient's primary indu		Commence of the second	·		
✓ Manufacturing	Services	Finance, Insurance, Real Estate			
Retail Trade					
Other (please specify	1.000 T				

6-0-2					
Section 3: Agreement Info		7 Francisco Duction Consider	in Data		
16. Project Start Date: September 22, 2022		17. Expected Project Completion Date: August 1, 2023			
	g sources for project (attach		ilable). The table should		
	used by the recipient to fund		madicy. The table should		
Identify Private or Public Participant	(\$) Value T (;	ype of Assistance Ugrant, Ioan, TIF, TAF,	se of Funds (i.e., nfrastructure, cleanup, capital nprovement)		
	\$				
Private-Bank	\$ 1,020,000	Loan	<b>Building Addition</b>		
Private-Personal	\$ 180,000	Personal	Building Addition		
-	\$				
	\$				
Total Project Budget (all sou	rces): \$1 200 000	<u> </u>			
na W	rcentage of total budget: Ta	x Abatement- \$124,400			
	quires that financial assistan		hich of the following public		
purposes were used to dete	rmine your participation? (A	Nark all that apply.)			
Enhancing economic	diversity Stab	ilizing the community			
✓ Creating high-quality job growth ✓ Increasing tax base (cannot be only purpose)					
<b>✓</b> Job retention	<b>∠</b> Oth	er ( <i>please specify</i> ); Expans	ion of existing business.		
NOTE: If job creation or ret	ention is not a goal then ple	ase skip to Question 21.			
Section 4: Goals and Act	ual Performance	SSU TO COMMITTAL SEAS A COMMITTE WAS SEAS OF THE SEAS			
20. Job Creation and/or Retention Goals (first year report) and Actuals (second year report):					
For each of the following categ	ories if required, indicate the (r	new) job creation and/or retent	ion goals stated in the financial		
assistance agreement and the number of actual (new) jobs created and/or retained since the benefit date including the					
	nployer-provided benefits goals				
	ew, permanent, non-seasonal p s are scheduled to work on aver		the Jinanciai assistance ·k. Part-time is defined as a new		
	s for the recipient at a rate less				
	specific wage level that exist p				
must be evidence that the reta	Total Number of	Average Hourly Wage	Average Hourly Value of		
	Employees	Level	Health Insurance		
(New) Full-time	100				
Job Creation (Goals)	2	\$22.00	-		
(New) Part-time		-	_		
Job Creation (Goals)  Job Retention (Goals)					
non referrion ( <b>Gosis</b> )	15	_	-		
(New) Full-time			1		
Job Creation (Actuals)	0.23	\$25.25	\$3.81		

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

15

- + Building expansion has allowed better workflow efficiencies.
- + The compliance date for job creation is September 30,2025.
- + This is a tax abatement project.

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

\$4.76

\$27.26