

subsidy. The new thresh requirement also to \$15 periods under the old th loans. (See §116J.993, So available on the DEED well that fall uprovide the status of the be used to help the legis development activities a reports are required.  Questions? Call (651) 25 Employment and Econor.	old is \$150,000 for e 0,000. However, repareshold levels of het ection 2, Subcrebsite. Teport on all finder the old to project towards lative body under the old to and where ad Traces 19-7179. Please mail mic Development, Ar	D USE OF AF Year: Receive king #: complet nalysis ar	J.995 adjusted the level of variant or loan, and raises the sublic financial participation 5 000 to \$150.000 in grants  NLY: Report Year 202  ZOIS  TWIN Cities  ed: 2-16-2022  Led form before April 1 to Mand Evaluation Office, First N 51; or email to ed.hodder@s	threshold for a public are still required for to and \$75,000 to \$15 Tinnesota Department ational Bank Building	hearing two year 0,000 in 2 008 will	
Section 1: (Grantor Inform	ation)					
Name of grantor (funding entity):     City of Prior Lake			2. Name of person completing this form:  Casey McCabe			
3. Street address: 4646 Dakota Street SE		4. City: Prior Lake	5. ZIP Code: 55372			
6. County: Scott	7. Phone number: 952-447-9815		8. Fax number:	9. Email address: cmccabe@priorlake	emn.gov	
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.")  ☐ County government ☐ Regional government ☐ State government ☐ Other (Blasse specific):						
☐ State government ☐ Other (Please specify):						
Section 2: Recipient Information						
11. Name of business or organization receiving 12. Address where financial assistance will be used:						
Prior Lake Revival, LLC  Street address: 16250 Duluth Ave. SE City/State/ZIP Code: Prior Lake. MN 55372						
13. Type of organizational structure of recipient receiving financial assistance (Mark one)						
☐ C-Corporation ☐ S-Corporation ☐ Other (Please specify):			Limited Liability Company (LLC)			
14. Does the recipient have a parent corporation? (Mark one.)						
✓No		arent cor	poration below. If more tha	n one, indicate ultimo	ite owner.)	
Name of parent corporation:						
Street address: City/State/ZIP Code						
15. Recipient's primary industry (Mark one.):						
Manufacturing	Services		Finance, Insurance, Real Es	state		
<b>✓</b> Retail Trade	☐Wholesale Trac	de 🗌	]Construction			
Other (please specif	y):		e 2008 100 10		N 10000 P 10	

Section 3: Agreement Info	rmation	interaction	1649 000 1649 45				
16. Project Start Date: 07/2017		17. Expected Project Completion Date: Completed 08/2018					
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)				
City of Prior Lake	\$ 125,000	Tax Abatement	site development costs				
Private	\$ 1,375,000	Private	property acquisition and construction costs				
	\$						
	\$						
	\$						
Total Project Budget (all so	*						
Your public participation pe	120 15	30/2					
			Which of the following public				
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? ( <i>Mark all that apply</i> .)							
<ul> <li>✓ Enhancing economic diversity</li> <li>✓ Creating high-quality job growth</li> <li>✓ Increasing tax base (cannot be only purpose)</li> </ul>							
		ncreasing tax base (cannot b	e only purpose)				
Job retentionOther (please specify):  NOTE: If job creation or retention is not a goal then please skip to Question 21.							
		2 100 10 10 10 10 10 10 10 10 10 10 10 10					
Section 4: Goals and Actual Performance job creation/retention not an identified goal							
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.							
(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 wor							
			ancial assistance agreement. There				
must be evidence that the reto			ob loss is specific and demonstrable.				
	Total Number of Employees	Average Hourly Wag	ge Average Hourly Value of Health Insurance				
(New) Full-time							
Job Creation (Goals)		F- 25					
(New) Part-time							
Job Creation (Goals)							
Job Retention ( <b>Goals</b> )							
	193 IN		****				
(New) Full-time							
Job Creation (Actuals)							
(New) Part-time							
Job Creation (Actuals)							
Job Retention (Actuals)							
24 \A/hat is the state of the	a music of surd beautiful and	Full basis that the area in the area in the	ag stated goals?				
21. What is the status of the project and how successful have they been in meeting stated goals? construction is complete and 12,600 SF four-tenant building is fully occupied.							