

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							
		old is \$150,000 for either a gr						
	periods under the old th		ublic ililaliciai participation a	\$150,000 in				
	loans. (See §116J.993, Se		2021	orms are				
	available on the DEED w		part Year 2021					
	Please use this form to r	MIDAL LEGI:	14	ar year <u>2008</u>				
	through 2020 that fall un	nder Region #: 30 W	theast	∋port to				
	provide the status of the	Date Deer 1	30.2021	gathered will				
	be used to help the legis	Table -	026	nomic				
	development activities a	and where auditionia.	The second secon	dditional				
	reports are required.							
 Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of 								
	Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332							
Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841								
Se	ction 1: (Grantor Inform	ation)						
1. Name of grantor (funding entity):			2. Name of person completing this form:					
Rice County			Kathy Feldbrugge					
3.	Street address:		4. City:	5. ZIP Code:				
32	320 Third St. NW		Faribault	55021				
6.	County:	7. Phone number:	8. Fax number:	9. Email address:				
	ce	507-332-6091		kfeldbrugge@co.rice.mn.us				
10	. Classification of granto	r (Mark one. If grantor is enti	ty 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 specify):							
Se	ction 2: Recipient Inforn							
_	Name of business or or		12. Address where financial assistance will be used:					
financial assistance:			Street address: 3401 HWy. #21					
SteinAir, Inc.			City/State/ZIP Code: Faribault, MIN 55021					
AND THE PROPERTY OF THE PROPER								
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.)								
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	5. Recipient's primary ind							
	Manufacturing Services Finance, Insurance, Real Estate							
	Retail Trade							
	Other (please specify): Manufacturing/Production/Installation Facility & Hanger Space							

Section 3: Agreement Information							
16. Project Start Date:		17. Expected Project Completion Date:					
Abatement granted 1/1/		January 31, 2019					
	3. 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		Jse of Funds (i.e.,				
Participant		is 100 10 10 11	nfrastructure, cleanup, capital mprovement)				
Rice County	\$ Maximum of \$25,390.00	Tax Abatement	ablish facility-development of production equipment and building improvements				
City of Faribault	\$ Maximum of \$57,712	Tax Abatement	sablish facility-development of production equipment and building improvements				
	\$						
	\$						
	\$						
Total Project Budget (all sources):							
Your public participation percentage of total budget:							
	5	ance meet a public purpose. V	hich of the following public				
purposes were used to dete	ermine your participation?	(Mark all that apply.)					
Enhancing economic	diversity St	abilizing the community					
Creating high-quality	- To 1997	creasing tax base (cannot be o					
Job retention	√ O:	ther (<i>please specify</i>): Promot	e economic development				
NOTE: If job creation or retention is not a goal then please skip to Question 21.							
Section 4: Goals and Act	ual 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 agreement in which employees are scheduled to work on average at least a 40 hour work week. Part-time is defined as a new							
and the control of th	job in which an employees 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 financ	ial assistance agreement. There				
			loss is specific and demonstrable.				
	The state of the s	Average Hourly Wage	1.5				
(New) Full-time	Employees	Level	Health Insurance				
Job Creation (Goals)	8 FTE within 3 year	rs					
(New) Part-time							
Job Creation (Goals)							
Job Retention (Goals)							
(New) Full-time	TO MY PROPERTY IN	000 045 00/6-1 0010 015 115					
Job Creation (Actuals)	12 new hires in 2019, 9 new hires in 20	020 \$15.03/hr in 2019, \$15.44/hr in 20	20				
(New) Part-time							
Job Creation (Actuals)							
Job Retention (Actuals)	13 retained in 2019, 22 retained in 20						
21. What is the status of the project and how successful have they been in meeting stated goals?							
Successful company that is on track and meeting job goals. Total of 31 employees at end of 2020							
year.							