

2023 Minnesota Financial Assistance Form

subsidy. The new thresh requirement also to \$15 periods under the old th loans. (See §116J.993, So available on the DEED w Please use this form to rethrough 2022 that fall upprovide the status of the be used to help the legist development activities a reports are required. Questions? Call (651) 25 Employment and Economic Minnesota Street, Suite	old is \$150,000 for either a group of the state of the section 2, Subdivision 3 ebsite. eport on all financial and er the old threshold er project towards meet lative body understanted where additional state of the section 2 of the section 2 of the section 2 of the section 3 of the section 2 of the section 3 of the section 3 of the section 3 of the section 4 of the section 3 of the section 4 of the section 4 of the section 4 of the section 5 of the section 4 of the section 5 of the section 5 of the section 4 of the section 5 o	J.995 adjusted the level of wirant or loan, and raises the thublic financial participation and DUSE ONLY: Report Year 2023 AF Year: 2023 South cast e Received: 4-7-202 cking #: 024 ted form before April 1 to Mi Analysis Unit, First National E 51; or fax to: (651) 215-3841	nreshold for a public hearing restill required for two years 2023			
	Section 1: (Grantor Information)					
1. Name of grantor (funding entity): City of Rochester		2. Name of person completing this form: Brent Svenby				
3. Street address:		4. City: Rochester	5. ZIP Code:			
	201 4th Street SE		55904			
6. County:	7. Phone number:	8. Fax number:	9. Email address:			
Olmsted	507-328-2003		bsvenby@rochestermn.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.")						
✓ City government	County governm		ional government			
State government Other (Please specify):						
Section 2: Recipient Inform		12 Address where financia	I posieta nos villi he vesed.			
11. Name of business or organization receiving financial assistance:		12. Address where financial assistance will be used:				
		Street address: 442 51st Avenue NW				
Naodropper City/State/ZIP Code: Rochester. MN 55901						
13. Type of organizational structure of recipient receiving financial assistance (Mark one)						
✓ C-Corporation	S-Corporation	Limited 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. Recipient's primary industry (Mark one.):						
☐ Manufacturing ☐ Services ☐		Finance, Insurance, Real Estate				
Retail Trade Wholesale Trade Construction						
Other (please specify): Medical Device						

Section 3: Agreement Information					
16. Project Start Date: March 1,, 2021 17. Expected Project Completion Date: March 1, 2023					
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 Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)		
Public	\$ 125,000	Loan	Development and Market		
	\$				
	\$				
	\$				
	\$				
Total Project Budget (all sources): \$125,000					
Your public participation pe	rcentage of total budget:	100%			
19. Minn. Stat. §116J.994 re	equires that financial assista	nce meet a public purpose.	Which of the following public		
purposes were used to determine your participation? (Mark all that apply.)					
Enhancing economic	diversity St	abilizing the community			
Creating high-quality	job growth In	creasing tax base (cannot be	only purpose)		
Job retention	Ot	ther (please specify):			
NOTE: If job creation or retention is not a goal then please skip to Question 21.					
Section 4: Goals and Actual 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 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.					
mast be evidence that the reta	Total Number of	Average Hourly Wage			
	Employees	Level	Health Insurance		
(New) Full-time	2	16.38			
Job Creation (Goals)		10.00			
(New) Part-time Job Creation (Goals)					
Job Retention (Goals)		(100) \$4R.30) (11)		
		01107	7.4.14		
(New) Full-time	2	QEA 050 00	E		
Job Creation (Actuals)	3	\$54, \$56, \$3	2) 2		
(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?					
Continuing to seek needed funding to complete final product design and build.					