EMPLOYMENT AND ECONOMIC DEVELOPMENT 2021 Minnesota Financial Assistance Form

	subsidy. The new thresho	old is \$150,000 for either a group,000. However, reports of or reshol ection between DEED USE ONLY eport MBAF Year:	J.995 adjusted the level of wirent or loan, and raises the thrublic financial participation at the second Year 202	reshold for a public hearing				
	provide the status of the	proje lative Date Received:	2112021					
	be used to help the legis	lative Date Received:	022					
	development activities a	nd wh Tracking #:	047					
	reports are required.	0-7170 Plaase mail complet	ed form before April 1 to Mi	nnesota Department of				
_	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							
-								
Section 1: (Grantor Information) 1. Name of grantor (funding entity): 2. Name of person completing this form:								
	nerburne County	g entity):	Name of person completing this form: Dan Weber					
3.	Street address:		4. City:	5. ZIP Code:				
13	8880 Business Cer	nter Drive	Elk River	55330				
	County:	7. Phone number:	8. Fax number:	9. Email address:				
_	nerburne	763-765-3007	763-765-3002	dan.weber@co.sherburne.mn.us				
	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 County government County government							
<u>_</u>	State government Other (Please specify):							
Section 2: Recipient Information 11. Name of business or organization receiving 12. Address where financial assistance will be used:								
1	ancial assistance:	ganization receiving						
Ice-O-Metric Contracting			Street address: 16905 197th Ave NW City/State/ZIP Code: Big Lake, MN 55309					
13. Type of organizational structure of recipient receiving financial assistance (Mark one)								
1	□ C-Corporation	S-Corporation	₽Lim	ited Liability Company (LLC)				
L	Other (Please specify):							
14	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: Iceman Properties, LLC ☐ No POST MARKED Name of parent corporation: Iceman Properties, LLC ☐ No POST MARKED Name of parent corporation: Iceman Properties, LLC ☐ No POST MARKED ☐ NO							
			63, LLO	FEB 2 6 2021				
	Street address: 16905 197th Ave NW City/State/ZIP Code: Big Lake, MN 55309							
15	15. Recipient's primary industry (Mark one.):							
	Manufacturing		Finance, Insurance, Real Est	rate				
	Retail Trade		Construction					
1	Other (please specify):							
	Liother (please specif)	71.						

Section 3: Agreement Information							
16. Project Start Date: 17. Expected Project Completion Date:							
October 2018		June 2019					
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)				
Sherburne State Bank	\$ 1,200,000		capital improvement & equipment				
Sherburne County	\$ 54,244	TAF	capital improvements				
	\$						
	\$						
	\$						
Total Project Budget (all so	urces):	<u> </u>					
Your public participation pe							
19. Minn. Stat. §116J.994 re	equires that financial assist	ance meet a public purpose	. Which of the following public				
purposes were used to dete	ermine your participation?	(Mark all that apply.)					
Enhancing economic		tabilizing the community					
Creating high-quality		ncreasing tax base (cannot b	e only purpose)				
✓ Job retention							
NOTE: If job creation or re	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 lobs at a specific wage level that exist prior to the signing of the financial assistance agreement. There							
must be evidence that the ret	ained jobs will be lost without	t financial assistance or where	ob loss is specific and demonstrable.				
	Total Number of	Average Hourly Wa	ge Average Hourly Value of Health Insurance				
(New) Full-time	Employees		Health mourance				
Job Creation (Goals)	5	28.40					
(New) Part-time							
Job Creation (Goals)							
Job Retention (Goals)	27						
1. 16.1	27						
(New) Full-time	04.00	04.00	24.09				
Job Creation (Actuals)	24.08	24.08	24.08				
(New) Part-time							
Job Creation (Actuals)							
Job Retention (Actuals)	27	27	27				
21. What is the status of the project and how successful have they been in meeting stated goals? The project is complete and all job goals have been met.							