

2023 Minnesota Financial Assistance Form

 A 2008 amendment to Minn. Stat. §116J.993 to §116 subsidy. The new threshold is \$150,000 for either a grequirement also to \$150,000. However, reports of pperiods under the old threshold levels of between the loans. (See §116J.993, Section 2, Subditavailable on the DEED website. Please use this form to report on all firm through 2022 that fall under the old the provide the status of the project toward be used to help the legislative body undevelopment activities and where additional reports are required. Questions? Call (651) 259-7179. Please mail complete 	rant or loan, and raises the thrublic financial participation a per non-to-\$150,000 in grants DNLY: Report Year 202	reshold for a public hearing re still required for two year and \$75,000 to \$150,000 in		
Employment and Economic Development, Economic Analysis Unit, First National Bank Building, 332				
Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841				
Section 1: (Grantor Information)	2 Name of Facility	ing this form:		
1. Name of grantor (funding entity): Sherburne County	2. Name of person completing this form: Dan Weber			
3. Street address:	4. City:	5. ZIP Code:		
13880 Business Center Drive	Elk River	55330		
6. County: 7. Phone number:	8. Fax number: 763-765-3002	9. Email address: dan.weber@co.sherburne.mn.us		
Sherburne County 763-765-3007				
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 ☐ Regional government				
☐ State government ☐ Other (Please specify):				
Section 2: Recipient Information				
11. Name of business or organization receiving	12. Address where financial assistance will be used:			
financial assistance:	Street address: 107/5 170th Cir			
Morrell Oversize, Inc. City/State/ZIP Code: Elk River. MN 55330				
13. Type of organizational structure of recipient receiving financial assistance (Mark one)				
C-Corporation S-Corporation	∠ Lim	nited 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 No no of parent corporation:				
Name of parent corporation: Street address:				
City/State/ZIP Code:				
15. Recipient's primary industry (Mark one.):	V00000 00			
☐ Manufacturing ✓ Services	Finance, Insurance, Real Estate			
Retail Trade				
Other (please specify):				

Section 3: Agreement Info	rmation			
16. Project Start Date: 08/04/2015	17. Expected Project Completion Date: 08/01/2016			
18. Please specify all funding	g sources for project (attac	ch sources/use statement if a	ivailable). The table should	
include all funding sources	used by the recipient to fur	nd 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)	
City of Elk River	^{\$} 121,605	TAF	Capital improvements	
Bank of Elk River	\$ 1,680,600	Loan	Capital improvements	
Sherburne County	\$ 89,930	TAF	Capital improvements	
City of Elk River	\$ 200,000	Microloan	Capital improvements	
	\$			
Total Project Budget (all so	urces): \$ 2,092,135 (includi	ng equity)		
Your public participation pe	ercentage of total budget: 4	4.3%		
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	diversity St	abilizing the community		
Creating high-quality job growth				
Job retention	o	ther (<i>please specify</i>):		
NOTE: If job creation or re	tention is not a goal then p	lease skip to Question 21.		
Section 4: Goals and Actual Performance Create 8 FTE's within 2 years of benefit				
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.				
agreement in which employee job in which an employee work retention is defined as jobs at	s are scheduled to work on av ks for the recipient at a rate le a specific wage level that exisi	ss than 40 hours per week with. t prior to the signing of the final	veek. Part-time is defined as a new	
			Average Hourly Value of Health Insurance	
(New) Full-time	8	21.45	4.47	
Job Creation (Goals)		21.70	7.77	
(New) Part-time Job Creation (Goals)	1			
Job Retention (Goals)				
Jos Hotel How (Joseph				
(New) Full-time	4 =		5.04	
Job Creation (Actuals)	15	36.02	5.21	
(New) Part-time				
Job Creation (Actuals)				
Job Retention (Actuals)		1		
21. What is the status of the	e project and how successf	 ul have they been in meeting	 stated goals?	
The project has met and been able to maintain its job creation goals. The project is in year 7 of				
10 for the TAF duration.				