

2021 Minnesota Financial Assistance Form

 A 2008 amendment to N 	/linn. Stat. §116J.993 to §1	16J.995 adjusted the level of	what constitutes a business		
subsidy. The new thresh	old is \$150,000 for either a	grant or loan, and raises the	threshold for a public hearing		
	0,000. However, reports of	nublic fine	year		
periods under the old th	reshold levels	701) / IO in		
loans. (See §116J.993, Se	ection 2, Subd DEED USE	ONLY: Report Year 20			
available on the DEED w	ebsite. MBAF Yea				
 Please use this form to r 	enort on all fir	111/27	08		
through 2020 that fall up	nder the old th		-		
provide the status of the	project to war	eived: 6.22.2021	vill		
be used to help the legis					
development activities and where addiscuss state imancial resources may be best utilized. No additional					
reports are required.					
 Questions? Call (651) 25 	9-7179. Please mail compl	leted form before April 1 to N	Minnesota Department of		
		and Evaluation Office, First N			
Minnesota Street, Suite	E200, St. Paul MN 55101-1	.351; or fax to: (651) 215-384	1		
Section 1: (Grantor Inform	ation)				
		2 N			
1. Name of grantor (funding	g entity):	2. Name of person completing this form:			
Traverse County		Project (N. S.M.) College Coll	Kit Johnson		
3. Street address:	D 400	4. City:	5. ZIP Code:		
702 2nd Ave N, PO		Wheaton	56296		
6. County:	7. Phone number:	8. Fax number:	9. Email address:		
Traverse	320-422-7740		kit.johnson@co.traverse.mn.us		
10. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate					
affiliation. For example, a c	ity EDA would check "City o	government.")			
☐ City government	✓ County gover	nment DR	egional government		
			egional government		
State government	U Other (Please	e specify):			
Section 2: Recipient Inforn					
11. Name of business or or	ganization receiving	12. Address where financ	12. Address where financial assistance will be used:		
financial assistance:		Street address: 6587 US Highway 75			
Wheaton Dumont Coop Elevator - Fertilizer plant		City/State/ZIP Code: 56296			
13 Type of organizational	structure of recipient receiv		RVS		
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
☐C-Corporation	S-Corporation	n Li	mited Liability Company (LLC)		
✓ Other (Please specif	y): Cooperative				
14. Does the recipient have	a parent corporation? (Ma	ark one.)			
Agencies .		157	nn one, indicate ultimate owner.)		
	ma duaress by the parent e	orporation below. If more the	mone, malcate altimate owner.)		
√No					
Name of parent corporation:					
Street address:					
City/State/ZIP Code:	:				
15. Recipient's primary ind	ustry (Mark one.):				
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other (please specify): Agricultural Cooperative					
V Other Inlease specif	w Adricultural Coopera	ative			

Section 3: Agreement Information					
16. Project Start Date: 2016		17. Expected Project Completion Date:			
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)		
Traverse County 2016-2020		Economic Abatement	construction of fertilizer plant		
Estimated 2021-2025	\$ 19,457.75	estimated Econ Abatement			
Ends in 2025	\$				
	\$				
	\$				
Total Project Budget (all sources): Your public participation percentage of total budget:					
		ance meet a public purpose.	Which of the following public		
purposes were used to dete			The second second second		
Enhancing economic	diversity	abilizing the community			
Creating high-quality	√ job growth ✓In	creasing tax base (cannot be	e only purpose)		
✓ Job retention	o	ther (please specify):			
NOTE: If job creation or re	tention is not a goal then p	olease 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.					
	Total Number of	Average Hourly Wag	e Average Hourly Value of		
(New) Full-time	Employees	Level	Health Insurance		
Job Creation (Goals)	Not Available	е			
(New) Part-time			A		
Job Creation (Goals)					
Job Retention (Goals)					
(N) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
(New) Full-time Job Creation (Actuals)					
(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? The project was completed around 2016 and WDCE has added to the tax base of the county and continues to be a leading employer in Traverse County.					