

subsidy. The new thresh requirement also to \$15 periods under the old th loans. (See §116J.993, Se available on the DEED w Please use this form to r through 2021 that fall uprovide the status of the be used to help the legis development activities a reports are required. Questions? Call (651) 25 Employment and Econor	old is \$150,000 for either a g 0,000. Hov reshold levelopment, Analysis ar 0,000. Hov reshold levelopment, Analysis ar	Y: Report Year 2022 2017 Icst Certul 4-14-2-2-2 040	reshold for a public hearing restill required for two year :o \$150,000 in forms are dar year 2008 report to gathered will onomic additional nnesota Department of tional Bank Building, 332	
Section 1: (Grantor Inform	ation)			
Name of grantor (funding entity): Traverse County		2. Name of person completing this form: Kit Johnson		
3. Street address: 702 2nd Ave N, PO Box 428		4. City: Wheaton	5. ZIP Code: 56296	
6. County: Traverse	7. Phone number: 320-422-7740	8. Fax number:	9. Email address: kit.johnson@co.traverse.mn.us	
	(Mark one. If grantor is enti ity EDA would check "City go	ty created by government agovernment.")	ency, please indicate	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify):				
Section 2: Recipient Inform	nation			
11. Name of business or or	ganization receiving	12. Address where financial assistance will be used:		
financial assistance: Wheaton Dumont Coop Elevator - Fertilizer Plant		Street address: 6587 US Highway 75 City/State/ZIP Code: Wheaton. MN 56296		
13. Type of organizational s	structure of recipient receiving	ng financial assistance (Mark	one)	
☐ C-Corporation ☐ S-Corporation ☑ Other (Please specify): Cooperative			ited Liability Company (LLC)	
14. Does the recipient have a parent corporation? (Mark one.)				
	and address of the parent cor	poration below. If more than	one, indicate ultimate owner.)	
☑No				
Name of parent corp	poration:			
Street address:				
City/State/ZIP Code:				
15. Recipient's primary ind		1		
☐ Manufacturing	Services	Finance, Insurance, Real Est	ate	
Retail Trade	A CONTROL OF THE PROPERTY OF T	Construction		
' Other (please specif	_{v):} Agricultural Cooperati	v C		

Section 3: Agreement Information					
16. Project Start Date: 2016		17. Expected Project Completion Date: 2025			
18. Please specify all funding sources for project (attach sources/use statement if available). The table should					
include all funding sources					
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 2016-2021	\$ 17,199.75	Economic Abatement	construction of fertilizer plant		
Estimated 2022-2025	^{\$} 17,355.88	estimated economic abatement			
Ends in 2025	\$				
	\$				
	\$				
Total Project Budget (all so					
Your public participation pe	4/2				
100		and the second s	Which of the following public		
purposes were used to determine your participation? (Mark all that apply.) Enhancing economic diversity Stabilizing the community					
Creating high-quality job growth Creating high-quality job growth					
Job retention Other (please specify):					
NOTE: If job creation or re					
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 Wage Average Hourly Value of					
	Employees	Average Hourly Wage	Average Hourly Value of Health Insurance		
(New) Full-time	Not Available		TOTAL TOTAL SECTION TO THE SECTION T		
Job Creation (Goals)	NOL Available	5			
(New) Part-time Job Creation (Goals)					
Job Retention (Goals)			-		
(New) Full-time					
Job Creation (Actuals)	16 18 18 18 18 18 18 18 18 18 18 18 18 18				
(New) Part-time	3				
Job Creation (Actuals)	6.8				
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.					