

SE 22-

2021 Minnesota Financial Assistance Form

	 A 2008 amendment to M 	linn. Stat. §116J.993 to §116	5J.995 adjusted the level of w	hat constitutes a business		
	subsidy. The new thresho	old is \$150,000 for aither a g	trant or loan, and raises the th	preshold for a public hearing		
	requirement also to \$150),000. However, ı	_	, r		
	periods under the old thr	eshold levels of DEED U	SE ONLY: Report Year 20	2/		
	loans. (See §116J.993, Section 2, Subdivis available on the DEED website		ear: 2012			
•	 Please use this form to re 	abort on all linar	Region #: West Carta			
	through 2020 that fall un	ider the old thre: Date Rei	ceived: 6-22-2021			
	provide the status of the					
	be used to help the legislative body understand now local units of general development activities and where additional state financial resources may be best utilized. No additional reports are required.					
	 Questions? Call (651) 259 	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 I	E200, St. Paul MN 55101-13	51; or fax to: (651) 215-3841			
ſ	Section 1: (Grantor Informa	ation)				
ŀ	1. Name of grantor (funding		2 Name of person complete	ing this form.		
	Traverse County	, chirty).	2. Name of person completing this form: Kit Johnson			
ł	3. Street address:	10 F 20 C 2		4. City: 5. ZIP Code:		
	702 2nd Ave N, PO I	Boy 428	Wheaton	56296		
ł	6. County:	7. Phone number:	The state of the s	Communication and the		
		320-422-7740	8. Fax number:	9. Email address:		
ŀ				kit.johnson@co.traverse.mn.us		
			ity created by government ag	ency, please indicate		
affiliation. For example, a city EDA would check "City government.")						
☐ City government ☐ County government ☐ Regional government						
☐ State government ☐ Other (Please specify):						
Ī	Section 2: Recipient Inform	ation				
Ì		Name of business or organization receiving		12. Address where financial assistance will be used:		
	financial assistance:					
Wheaton Dumont Coop Elevator - Fertilizer plant			Street address: 6587 US Highway 75			
oktystate/2ii edae.gozgo						
13. Type of organizational structure of recipient receiving financial assistance (Mark one)						
	C-Corporation	S-Corporation	Lim	ited Liability Company (LLC)		
İ	✓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						
١	Name of parent corporation:					
Street address: City/State/ZIP Code:						
☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate						
	Retail Trade		Construction	W.C.		
1	The state of the s					
1	✓ Other (please specify): Agricultural Cooperative					

Section 3: Agreement Info	rmation					
16. Project Start Date:		17. Expected Project Completion Date:				
2011		2020				
18. Please specify all funding	g sources for project (attac	ch sources/use statement if a	vailable). The table should			
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	(\$) Value	Type of Assistance	Use of Funds (i.e.,			
Participant		(grant, loan, TIF, TAF,	infrastructure, cleanup, capital			
		etc.)	improvement)			
Traverse County 2011-2020	\$ 64,676.83	Economic Abatement	construction of grain bins			
	\$	Leonomic Abatement	construction of grain bills			
	\$					
	\$					
	\$					
Total Project Budget (all so	irces).					
Your public participation pe						
			Military Calls Calls Calls			
			Which of the following public			
purposes were used to dete						
	Enhancing economic diversity Stabilizing the community					
Creating high-quality	☐ Creating high-quality job growth ☐ Increasing tax base (cannot be only purpose)					
✓ Job retention	□ 0	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.						
must be evidence that the reto	Total Number of	77 77 PARTS				
(<u>*</u>)	Employees	Average Hourly Wag	e Average Hourly Value of Health Insurance			
(New) Full-time	2 2 77 921 1922 199 31		Treatti ilisurance			
Job Creation (Goals)	Not Available	e				
(New) Part-time						
Job Creation (Goals)						
Job Retention (Goals)						
(/						
(New) Full-time						
Job Creation (Actuals)						
(New) Part-time						
Job Creation (Actuals)						
Job Retention (Actuals)						
, leading						
21. What is the status of th	e project and how successf	ul have they been in meeting	s stated goals?			
The project was comple	ted around 2010 and \	NDCE has added to the	tax base of the county and			
continues to be a leadir	ig employer in Travers	e County.	,			
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