

	inn. Stat. §116J.993 to §116.				
	,000. However, reports of pi		hreshold for a public hearing		
periods under the old thre	eshold leve		00 in		
loans. (See §116J.993, Sec available on the DEED we	ction 2, Sul	LY: Report Year 2020	ē		
Please use this form to re		- 	008		
through 2022 that fall und	der the old Region #: _	West Certal			
provide the status of the p	project tow Date Receive	0 4-15-2024	will		
be used to help the legisla development activities an	Tracking #	040			
reports are required.	id Wilere ac	, m	acineca, ivo additional		
Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of					
	ic Development, Economic				
Minnesota Street, Suite E	200, St. Paul MN 55101-135	61; or fax to: (651) 215-3841			
Section 1: (Grantor Information	tion)				
1. Name of grantor (funding entity): Traverse County		2. Name of person completing this form: Kit Johnson			
3. Street address:		4. City:	5. ZIP Code:		
702 2nd Ave N, PO E		Wheaton	56296		
	7. Phone number:	8. Fax number:	9. Email address:		
	320-422-7740		kit.johnson@co.traverse.mn.us		
10. Classification of grantor (affiliation. For example, a cit			gency, please indicate		
☐ City government ☐ Regional government					
☐ State government	Other (Please sp	pecify):			
Section 2: Recipient Informa	ation				
11. Name of business or organization receiving		12. Address where financial assistance will be used:			
financial assistance:		Street address: 6587 US Hwv 75			
Wheaton Dumont Coop Elevator - Fertilizer Plant		City/State/ZIP Code: Wheaton, MN 56296			
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
□C-Corporation	S-Corporation	Limited Liability Company (LLC)			
✓ Other (Please specify)	: Cooperative				
14. Does the recipient have a	a parent corporation? (Mar)	(one.)			
\square Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.)					
Yes (Indicate name ar	580 80	6	n one, indicate ultimate owner.)		
∏Yes (<i>Indicate name ar</i> ☑No	580 80	6	n one, indicate ultimate owner.)		
	nd address of the parent cor	6	n one, indicate ultimate owner.)		
✓ No Name of parent corpo Street address:	nd address of the parent cor	6	n one, indicate ultimate owner.)		
✓ No Name of parent corpo Street address: City/State/ZIP Code:	nd address of the parent corporation:	6	n one, indicate ultimate owner.)		
✓ No Name of parent corpo Street address: City/State/ZIP Code: 15. Recipient's primary indus	oration: stry (Mark one.):	ooration below. If more thai			
✓ No Name of parent corpo Street address: City/State/ZIP Code: 15. Recipient's primary indus Manufacturing	oration: stry (<i>Mark one.</i>):	poration below. If more that			
✓ No Name of parent corpo Street address: City/State/ZIP Code: 15. Recipient's primary indus Manufacturing Retail Trade	oration: stry (<i>Mark one.</i>):	Finance, Insurance, Real Est			

Section 3: Agreement Info	rmation	72 121 M. POPEN			
16. Project Start Date: 17. Expected Project Completion Date: 2016 2025					
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 fur	nd the project:	27 27 29 100 200 1000000		
Identify Private or Public	(\$) Value	Type of Assistance	Use of Funds (i.e.,		
Participant		(grant, loan, TIF, TAF,	infrastructure, cleanup, capital		
50		etc.)	improvement)		
Traverse County 2016-2022		Economic Abatement	construction of fertilizer plant		
Estimated 2023 - 2025	\$ 12231.45	estimated economic abatement			
Ends in 2025	\$				
	\$				
	\$		*		
Total Project Budget (all sou	urces):				
Your public participation pe	ercentage of total budget:				
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 Stabilizing the community					
☐ Creating high-quality job growth ☐ Increasing tax base (cannot be only purpose)					
✓ Job retention Other (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.					
	Total Number of	Average Hourly Wage			
	Employees	Level	Health Insurance		
(New) Full-time	Not Available				
Job Creation (Goals)	NUL Available	B			
(New) Part-time					
Job Creation (Goals)					
Job Retention (Goals)					
(New) Full-time					
Job Creation (Actuals)					
(New) Part-time					
Job Creation (Actuals)					
Job Retention (Actuals)					
24 14/1 2 2 2	1 0 11				
The project was comple	e project and how successf	ul 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					