EMPLOYMENT AND ECONOMIC DEVELOPMENT

2021 Minnesota Financial Assistance Form

	subsidy. The new thresh requirement also to \$15; periods under the old th loans. (See §116J.993, So available on the DEED we Please use this form to rethrough 2020 that fall uprovide the status of the besused to help the legist development activities a reports are required. Questions? Call (651) 25 Employment and Econor Minnesota Street, Suite	0,000. However, reshold levels of ection 2, Subdiestie. eport on all finder the old the project toward lative body unand where add 9-7179. Please inic Developmen	DEED USE (MBAF Year Region #: Date Receiv Tracking #: nan complete t, Analysis an	DNLY: Report Year 2 DO 3 Lea form perore April and Evaluation Office,	pation a grants,	ire still required fo and \$75,000 to \$1	r two year L50,000 in <u>Ø8</u> /ill
Sec	ction 1: (Grantor Informa	ation)	V				
Name of grantor (funding entity): Wilkin County				2. Name of person completing this form: Janelle Krump			
3. Street address: 300 5th Street S				4. City: Breckenridge		5. ZIP Code: 56520	
6. County: 7. Phone number: 218-643-7165			8. Fax number: 218-643-7169		9. Email address: jkrump@co.wil	kin.mn.us	
10. aff	Classification of grantor iliation. For example, a c	(Mark one. If gr ity EDA would ch	rantor is enti neck "City go	ty created by governr vernment.")	ment ag	ency, please indica	ite
	☐ City government ☑ County government ☐ Regional government ☐ State government ☐ Other (Please specify):						
	tion 2: Recipient Inform	7775	· · · · · · · · · · · · · · · · · · ·				
	Name of business or organical assistance:	ganization receiv	/ing	12. Address where financial assistance will be used:			
Bruder's Butcher, LLC				Street address: 1021 Hwv 75 N City/State/ZIP Code: Breckenridge, MN 56520			
13.	Type of organizational s	tructure of recip	ient receivin	ng financial assistance	(Mark	one)	
	☐ C-Corporation ☐ S-Corporation ☐ Other (Please specify):			Limited Liability Company (LLC)			
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 Name of parent corporation: Street address:							
15.	City/State/ZIP Code: Recipient's primary indu	stry (Mark one.):				
	☐ Manufacturing ☐ Retail Trade ☐ Other (please specify	Services Wholesale		Finance, Insurance, F Construction	Real Esta	ate	2

A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business

Section 3: Agreement Info	rmation								
16. Project Start Date: 3/30/2020		17. Expected Project Completion Date: 1/1/2021							
18. Please specify all fundir	ng sources for project (attac	ch 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	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP		Use of Funds (i.e., infrastructure, cleanup, capital improvement)						
Public Participant	\$ 50,000	Loan	Capital Improvement						
Public Participant	\$ 50,000	Loan	Capital Improvement						
Private	\$ 275,000	Owner Investment	Equipment						
	\$								
	\$								
Total Project Budget (all so	urces): \$375,000								
Your public participation pe	ercentage of total budget: \$	100.000							
			Which of the following public						
purposes were used to determine your participation? (Mark all that apply.)									
Enhancing economic	diversity	abilizing the community							
✔ Creating high-quality	o job growth	creasing tax base (cannot be	e only purpose)						
Job retention Other (please specify):									
NOTE: If job creation or re	tention is not a goal then p	lease skip to Question 21.	2						
Section 4: Goals and Act	tual 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 work	ks for the recipient at a rate les	rage at least a 40 nour work v is than 40 hours per week with	veek. Part-time is defined as a new						
retention is defined as jobs at	a specific wage level that exist	prior to the signing of the fina	ncial assistance agreement. There						
must be evidence that the reta	nust be evidence that the retained jobs will be lost without financial assistance or where job loss is specific and demonstrable								
	Total Number of Employees	Average Hourly Wag Level	e Average Hourly Value of Health Insurance						
(New) Full-time	1	\$20.00	Treater mouraite						
Job Creation (Goals)									
(New) Part-time	4	\$15.00							
Job Creation (Goals) Job Retention (Goals)	Cication (Goals)								
Job Retention (Goals)									
(New) Full-time									
Job Creation (Actuals)									
(New) Part-time									
ob Creation (Actuals)									
Job Retention (Actuals)									
21 What is the status of the	nroject and b								
21. What is the status of the project and how successful have they been in meeting stated goals?									
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