

2021 Minnesota Financial Assistance Form

subsidy. The new thi	reshold is \$150,	000 for either a	.6J.995 adjusted the level of grant or loan, and raises the public financial participatio	e threshold for a pub	lic hearing	
periods under the ol			public illianciai participatio	ir are still renumer in	000 in	
loans. (See §116J.99			201	1	re	
available on the DEE		DEED USE ON	LY: Report Year 202	3		
 Please use this form 	CONTRACTOR OF THE PROPERTY OF THE PERSON OF	SABAT VANC	002		2008	
through 2020 that fa		Region #:	Southeast		I will	
provide the status or be used to help the		Date Receiver	7-28-2021		ı WIII	
development activit		Tracking #: _			1	
reports are required		_				
			eted form before April 1 to			
			and Evaluation Office, First		ng, 332	
iviinnesota Street, S	uite E200, St. Pa	3UI IVIN 55101-1.	351; or fax to : (651) 215-38	41		
Section 1: (Grantor Inf						
1. Name of grantor (funding entity):			2. Name of person completing this form:			
City of Winona			Nick Larson	T = 715 0 1		
3. Street address: 207 Lafayette Street			4. City: Winona	5. 21P Code: 55987	5. ZIP Code: 55087	
6. County:			8. Fax number:		9. Email address:	
Winona	507/457		507/457-8212	NLarson@ci.wing		
10. Classification of gra	ntor (Mark one	. If grantor is en	tity created by government	agency, please indic	ate	
affiliation. For example	, a city EDA wo	uld check "City g	government.")			
☑ City government ☐ County government ☐ Regional government						
☐ State governme	nt [Other (Please	specify):			
Section 2: Recipient In	formation					
11. Name of business or organization receiving			12. Address where financial assistance will be used:			
financial assistance:			Street address: 1000 W. 5th Street			
Midwest Co-Pack LLC			City/State/ZIP Code: Winona, MN 55987			
13. Type of organizatio	nal structure of	recipient receiv	ving financial assistance (Mo	ark one)		
C-Corporation	[S-Corporation	n VI	imited Liability Com	pany (LLC)	
Other (Please sp	ecify):					
14. Does the recipient		orporation? (Mo	ark one.)			
Yes (Indicate na	me and address	of the parent c	orporation below. If more th	nan one, indicate ulti	mate owner.)	
₽ No						
Name of parent	corporation:					
Street address:						
City/State/ZIP C						
15. Recipient's primary	industry (<i>Mark</i>	(one.):				
✓ Manufacturing	Servic	es	Finance, Insurance, Real	Finance, Insurance, Real Estate		
Retail Trade	□Whole	esale Trade	Construction			
Other (please sp	pecify):					

Section 3: Agreement Information 16. Project Start Date: 12/9/2020 17. Expected Project Completion Date: 8/20/2023 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 (grant, loan, TIF, TAF, infrastructure, cleanup, capital						
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, infrastructure, cleanup, capital						
Identify Private or Public (\$) Value Type of Assistance Use of Funds (i.e., infrastructure, cleanup, capital						
Participant (grant, loan, TIF, TAF, infrastructure, cleanup, capital						
etc.) improvement)						
Public \$ 150,000 MIF Machinery & Equipment						
Public \$ 75,000 Port Authority of Winona Working Capital and Network Updates						
Private \$ 420,697 Bank Building Renovation						
\$						
\$						
Total Project Budget (all sources): \$645,697						
Your public participation percentage of total budget: 34.8%						
19. Minn. Stat. §116J.994 requires that financial assistance meet a public purpose. 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						
✓ 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 Average Hourly Value of						
Employees Level Health Insurance						
(New) Full-time 26 \$14.50 \$1.43						
Job Creation (Coals)						
(New) Part-time						
Job Creation (Goals)						
Job Retention (Goals) 28 \$17.93 \$1.43						
(Now) Full times						
(New) Full-time Job Creation (Actuals)						
(New) Part-time						
Job Creation (Actuals)						
Job Retention (Actuals) 27 816.93 81.43						
21. What is the status of the project and how successful have they been in meeting stated goals?						
The business has purchased and is installing new equipment, begun building renovation, and						
has signed new customer contracts. The business is retaining employees and is recruiting new employees.						