

subsidy. The new threshorequirement also to \$150 periods under the old the loans. (See §116J.993, Seavailable on the DEED well through 2021 that fall unprovide the status of the be used to help the legisted development activities a reports are required. Questions? Call (651) 25 Employment and Econorism.	pold is \$150,000 for aithor a month of the project to a project to body and where additional state finds.	J.995 adjusted the level of without or loan, and raises the the the LY: Report Year 2022 Southcest 1: 3-9-2022 annial resources may be best and Evaluation Office, First Nation; or email to ed.hodder@st	year 00 in e 2008 will trutilized. No additional nnesota Department of cional Bank Building, 332		
Section 1: (Grantor Informa	ation)				
Name of grantor (funding entity): City of Winona		2. Name of person completing this form: Nick Larson			
3. Street address: 207 Lafayette Street		4. City: Winona	5. ZIP Code: 55987		
6. County: Winona	7. Phone number: 507/457-8250	8. Fax number: 507/457-8212	9. Email address: NLarson@ci.winona.mn.us		
10. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.") City government					
Section 2: Recipient Inform	nation				
11. Name of business or organization receiving financial assistance: Midwest Co-Pack LLC		12. Address where financial assistance will be used: Street address: 1000 W. 5th Street City/State/ZIP Code: Winona/MN/55987			
13. Type of organizational s	tructure of recipient receivir	ng financial assistance (Mark	one)		
☐C-Corporation ☐ S-Corporation ☐Other (Please specify):		∠ Lim	ited Liability Company (LLC)		
38	poration:		one, indicate ultimate owner.)		
15. Recipient's primary indo ✓ Manufacturing ☐ Retail Trade ☐ Other (please specify	ustry (<i>Mark one.</i>): Services Wholesale Trade	Finance, Insurance, Real Est Construction	ate		

Section 3: Agreement Info	rmation	· · · · · · · · · · · · · · · · · · ·			
16. Project Start Date: 12/9/2020		17. Expected Project Completion Date: 8/20/2023			
18. Please specify all funding	g sources for project (attach	sources/use statement if a	vailable). The table should		
include all funding sources used by the recipient to fund the project:					
Identify Private or Public Participant	(ype of Assistance grant, Ioan, TIF, TAF, tc.)	Use of Funds (i.e., infrastructure, cleanup, capital 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 so	urces): \$645,697				
Your public participation pe	rcentage 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 Incr	easing 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	Average Hourly Value of		
	Employees	Level	Health Insurance		
(New) Full-time	26	\$14.50	\$1.43		
Job Creation (Goals) (New) Part-time					
Job Creation (Goals)					
Job Retention (Goals)	20	¢47.00	¢4.42		
	28	\$17.93	\$1.43		
(New) Full-time	0	12.50	4 4 4		
Job Creation (Actuals)	2	13.50	1.44		
(New) Part-time		A STATE OF THE STA	The second secon		
Job Creation (Actuals)					
Job Retention (Actuals)	28	22.78	1.44		
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 renovation, and has signed					

new customer contracts. The business is retaining and hiring employees.