

A 2	A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business							
sub	subsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing							
	requirement also to \$150,000. However, reports of public financial participation are still required for two year							
per	iods under the old th	reshold levels of between \$2	25,000 to \$150,000 in grants,					
		action ? Cubdicinian at Allin	A.M. A.	rting forms are				
	ilable on the DEED v		*					
	ase use this form to		and	ılendar year <u>2008</u>				
17	ough 2023 that fall	DEED LISE ONLY: Report Y	rear don't	'ear report to				
36	vide the status of th	MBAF Year: 2022		tion gathered will				
be i	used to help the leg	Region #: Southo	~c+	1 economic				
	elopment activities	Region #:	- วาวป	No additional				
5.6	orts are required.	Date Received: 3-25						
	estions? Call (651) 2	Department of						
	Employment and Econc Tracking #:							
Great Northern Building, 180 E 5th St, Suite 1200, St. Paul MN 55101; or fax to: (651) 215-3841								
Section 1: (Grantor Information)								
	ne of grantor (funding		2. Name of person completing this form:					
The STATE OF THE S	Authority of Wir	En and the state of the state o	Nick Larson					
	et address:		4. City:	5. ZIP Code:				
207 Lafayette Street			Winona	55987				
6. Cou		7. Phone number:	8. Fax number:	9. Email address:				
Wino		507/457-8250	507/457-8212	NLarson@ci.winona.mn.us				
as in Auditoria	10. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate							
				ency, piease maicute				
affiliation. For example, a city EDA would check "City government.")								
✓ City government ☐ County government ☐ Regional government								
State government Other (Please specify):								
Sectio	n 2: Recipient Inform	ation						
11. Na	me of business or org	ganization receiving	12. Address where financial assistance will be used:					
financ	ial assistance:		Street address: 1638 Homer Rd.					
Hia	tt Industrie	s LLC	City/State/ZIP Code: Winona/MN/55987					
13. Type of organizational structure of recipient receiving financial assistance (<i>Mark one</i>)								
☐ C-Corporation ☐ S-Corporation ☐ Limited Liability Company (LLC)								
☐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								
Name of parent corporation:								
	Street address:	*						
	City/State/ZIP Code:							
15. Recipient's primary industry (<i>Mark one.</i>):								
70	Manufacturing		Finance, Insurance, Real Est	ate				
F	Retail Trade Wholesale Trade Construction							
Other (please specify):								
□other (pieuse specijy).								

Section 3: Agreement Info	rmation		-					
16. Project Start Date: April 20, 2021			17. Expected Project Completion Date: September 30, 2022					
18. Please specify all funding	g sources for proje			available). The table should				
include all funding sources	used by the recipie	nt to fund	I the project:					
Identify Private or Public (\$) Value Participant			Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)				
Public	\$ 30,000)	Port Loan-Forgivable	Construction of new facility				
Private	\$ 1,870,000		Bank Loan	Construction of new facility				
	\$							
82 8	\$							
	\$	1						
Total Project Budget (all sou	urces): \$1,900,000		M-02-000 1800 180	1964 - 1801, 3581-000-19 - 1884e				
Your public participation pe			5%					
harries and a second a second and a second a				. Which of the following public				
purposes were used to dete	ermine your partici	pation? (Mark all that apply.)					
Enhancing economic	diversity	Sta	bilizing the community					
Creating high-quality	Creating high-quality job growth Increasing tax base (cannot be only purpose)							
Job retention		□otŀ	ner (please specify):					
NOTE: If job creation or re	tention is not a go	al then pl	ease skip to Question 21.					
Section 4: Goals and Act	ual Performance	•	120000					
20. Job Creation and/or R	Retention Goals (1	first year	report) and Actuals (sec	ond 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.								
mast be evidence that the reta	Total Number of		Average Hourly Wag					
	Employees		Level	Health Insurance				
(New) Full-time								
Job Creation (Goals)								
(New) Part-time Job Creation (Goals)	8							
Job Retention (Goals)								
	0							
(New) Full-time	So.							
Job Creation (Actuals)								
(New) Part-time								
Job Creation (Actuals)								
Job Retention (Actuals)								
21. What is the status of the	project and how	successful	have they been in meetin	g stated goals?				
The Port Authority provided a 5-year, deferred loan that is forgivable when the 20,000 sq.ft. manufacturing facility is constructed and occupied by the business (this is completed), and								
5-years after the Loan Agreement dated 4/20/2021.								