

EMPLOYMENT AND ECONOMIC DEVELOPMENT 2024 Minnesota Financial Assistance Form

subsidy. The new threshore requirement also to \$150	old is \$150,000 for either a g 0,000. However, reports of p reshold levels of between \$2	5J.995 adjusted the level of w rant or loan, and raises the th ublic financial participation a 15,000 to \$150,000 in grants,	nreshold for a public hearing re still required for two year		
 Please use this form to re 	DEED USE ONLY: Report MBAF Year: 202	Year 2029	endar year <u>2008</u>		
through 2023 that fall ur	MBAFYear 202	.0	ar report to		
provide the status of the	A	TOUST	on gathered will		
be used to help the legisl	7 1	5-2024	economic		
development activities a		019	o additional		
reports are required. Questions? Call (651) 25	Tracking #:	217	enartment of		
ASSESSMENT OF THE STATE OF THE	ES SE SESSION PRODUCTION OF CONTRACTOR SERVICE DESCRIPTION TO THE SECRETARISM SERVICE DESCRIPTION OF THE SECRETARISM SERVICE DESCRIPTION OF THE SECRETARISM SECRET		epartment of		
Employment and Economic Development, Economic Analysis Unit, Great Northern Building, 180 E 5th St, Suite 1200, St. Paul MN 55101; or fax to: (651) 215-3841					
20 1000 0 100 0 100 0 100 100 100 100 10					
Section 1: (Grantor Information)					
1. Name of grantor (funding entity):		2. Name of person completing this form: Nick Larson			
Port Authority of Winona			F 710 C-1-		
3. Street address: 207 Lafayette Street		4. City: Winona	5. ZIP Code: 55987		
6. County:	7. Phone number:	8. Fax number:	9. Email address:		
	507/457-8250	and the second s	NLarson@ci.winona.mn.us		
		payment come and a company	2000		
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 County government Regional government					
☐ State government	Other (Please s	респу):			
Section 2: Recipient Inform	TO A STATE OF THE	12. Address where financial			
 Name of business or org financial assistance: 	ganization receiving	12. Address where financial	assistance will be used:		
ANY PROPERTY OF ANY PROPERTY OF A STATE OF A		Street address: 376 E. Sarnia Street			
Mulyck Funeral Services, Inc. City/State/ZIP Code: Winona/MN/55987					
13. Type of organizational structure of recipient receiving financial assistance (Mark one)					
✓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.)					
[7] No					
Name of parent corporation: Street address:					
City/State/ZIP Code:					
15. Recipient's primary industry (<i>Mark one.</i>):					
Manufacturing ✓Services ☐Finance, Insurance, Real Estate			ત્રાલ		
☐ Retail Trade ☐ Wholesale Trade ☐ Construction					
Other (please specify):					

Section 3: Agreement Info	rmation				
16. Project Start Date:	illation	17. Expected Project Completion Date:			
May 9, 2019		August 1, 2029			
	g sources for project (atta		available). The table should		
include all funding sources					
Identify Private or Public	(\$) Value	Type of Assistance	Use of Funds (i.e.,		
Participant		(grant, loan, TIF, TAF, etc.)	infrastructure, cleanup, capital improvement)		
Public	\$ 125,00	Port Loan	Equipment & Capital Improvements		
Private	\$ 775,000	Bank Loan	Purchase of facility		
	\$				
	\$		3 33 5		
	\$				
Total Project Budget (all so	urces): \$900.000		1		
Your public participation pe	AS PRODUCTOR OF THE PRO	14%			
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					
Creating high-quality job growth Increasing tax base (cannot be only purpose)					
Job retention	o	ther (<i>please specify</i>):			
NOTE: If job creation or retention is not a goal then please skip to Question 21.					
Section 4: Goals and Act	tual Performance		5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×		
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 Wag	to be or experience among the second of the second		
(Nacco) Forth Aires	Employees	Level	Health Insurance		
(New) Full-time Job Creation (Goals)					
(New) Part-time					
Job Creation (Goals)					
Job Retention (Goals)					
Y.					
(New) Full-time					
Job Creation (Actuals)					
(New) Part-time	D 000 000 000 000 000 000 000 000 000 0				
Job Creation (Actuals)					
Job Retention (Actuals)					
21. What is the status of the	e project and how successf	ul have they been in meetin	g stated goals?		
21. What is the status of the project and how successful have they been in meeting stated goals? The Port Authority provided a \$125,000 loan amortized over 10 years. The builiding has been					
purchased and the capital improvements are complete. The company is current on their Port					

Loan payments.