

## 2020 Minnesota Financial Assistance Form

A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business subsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing					
	\$150,000. However, rep		ar		
	ld threshold levels of bet DE	ED USE ONLY: Report Year	1020 n		
loans. (See §116J.99	3, Section 2, Subdivision ME	BAF Year: _ 2018	N. Million and Constitution of the Constitutio		
available on the DEE	- D l ! t -	gion# Southeast			
	to report on all financia	te Received: 5-1-2020	?		
	all ulluer the old thresht	cking #: 056	_		
	the project towards in		_		
be used to help the legislative body understand how local units or government pursue.					
development activities and where additional state financial resources may be best utilized. No additional					
reports are required.  • Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of					
		is and Evaluation Office, First N	THE PROPERTY OF THE PROPERTY O		
		-1351; or fax to: (651) 215-384			
Section 1. /Cuentar Inf	'aumation\				
Section 1: (Grantor Inf 1. Name of grantor (fu		2 Name of person compl	oting this form:		
City of Caledonia		Carson Coffield	2. Name of person completing this form:  Carson Coffield		
3. Street address:		4. City:	5. ZIP Code:		
231 E. Main St.		Caledonia	55921		
6. County:	7. Phone number:	8. Fax number:	9. Email address:		
Houston	(507) 725-3450	(507) 725-5258	ccoffield.calcity@goacentek.net		
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 governme	nt Other (Pleas	se specify):			
Section 2: Recipient In	formation				
	or organization receiving	12. Address where finance	12. Address where financial assistance will be used:		
financial assistance:		Stroot address: 110 N S	Street address: 110 N. Sunset Blvd.		
Tactacam, I	I C	Contract of the Contract of th	City/State/ZIP Code: Caledonia, MN 55921		
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.)					
☑No					
Name of parent corporation:					
Street address:					
City/State/ZIP Code:					
15. Recipient's primary industry (Mark one.):					
☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate		state			
Retail Trade Wholesale Trade		Construction			
		construction			
Other (please sp	ресіју):				

Section 3: Agreement Info	ormation	b			
16. Project Start Date: April 10, 2017		17. Expected Project Completion Date: April 10, 2027			
			available). The table should		
include all funding sources			1		
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)		
City of Caledonia	\$ 80,000	forgivable loan	Purchase and renovation of real estate		
Merchants Bank, N.A.	\$ 320,000	loan	Purchase and renovation of real estate		
Tactacam, LLC	\$ 26,000	down payment	Purchase of real estate		
9	\$	9			
	\$				
Total Project Budget (all sou					
Your public participation pe					
The state of the s			e. Which of the following public		
purposes were used to dete					
Enhancing economic		tabilizing the community			
Creating high-quality		creasing tax base (cannot b	oe only purpose)		
Job retention		ther (please specify):			
NOTE: If job creation or retention is not a goal then please skip to Question 21.					
Section 4: Goals and Act		r report) and Actuals (see	cond year report):		
20. Job Creation and/or Retention <b>Goals</b> (first year report) and <b>Actuals</b> (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 r					
job in which an employee work			week. Part-time is defined as a new		
	The second secon	The state of the s	ancial assistance agreement. There		
must be evidence that the reta			ob loss is specific and demonstrable.		
	Total Number of Employees	Average Hourly Wa	ge Average Hourly Value of Health Insurance		
(New) Full-time			Treater modifice		
Job Creation (Goals)	10	12.00			
(New) Part-time					
Job Creation (Goals)  Job Retention (Goals)					
Job Retention (Goals)			6		
(New) Full-time	1 0				
Job Creation (Actuals)	10	29.48			
(New) Part-time					
Job Creation (Actuals)					
Job Retention (Actuals)					
21. What is the status of the	e project and how successf	ul have they been in meeting	ng stated goals?		
The project continues to be successful in terms of meeting the job-creation goals. Tactacam is					
employing at least 10 full-time employees and paying them an average wage that substantially					
exceeds the \$12/hr. goal.					