

2020 Minnesota Financial Assistance Form

HE .	subsidy. The new thresh requirement also to \$15 periods under the old the	nold is \$150,000 for either a g 50,000. However, reports of p preshold levels of between \$	grant or loan, and raises the	what constitutes a business threshold for a public hearing are still required for two years, and \$75,000 to \$150,000 in	
Action of the control	available on the DEED we Please use this form to through 2019 that fall uprovide the status of the be used to help the legistic development activities are reports are required. Questions? Call (651) 25 Employment and Economics	report on all financiander the old threshold project towards must be project t	USE ONLY: Report Year	Minnesota Department of	
S. F. C.	Section 1: (Grantor Inform				
P.E. O.	Name of grantor (funding entity): Grand Rapids Economic Development Authority		Name of person completing this form: Barbara Baird		
A. T. S.	3. Street address: 420 N Pokegama Ave		4. City: Grand Rapids	5. ZIP Code: 55744	
Attent	6. County: Itasca	7. Phone number: 218.326.7615	8. Fax number: 218.326.7600	9. Email address: bbaird@ci.grand-rapids.mn.us	
in over	 ✓ City government ☐ County government ☐ State government ☐ County government ☐ Other (Please specify): 				
	Section 2: Recipient Inform				
113	11. Name of business or organization receiving financial assistance:		12. Address where financial assistance will be used:		
	Itasca Eco Industrial Park LLC Street address: 502 County Road 63 City/State/ZIP Code: Grand Rapids, MIN 55/44				
Programme	13. Type of organizational s	tructure of recipient receivin	g financial assistance (Mark	one)	
Control of	☐C-Corporation☐Other (Please specify	S-Corporation	✓ Lim	ited Liability Company (LLC)	
20.7	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				
41	Name of parent corporation: Itasca Economic Development Corporation Street address: 12 NW 3rd Street City/State/ZIP Code: Grand Rapids, MN 55744				
	15. Recipient's primary indu	stry (Mark one.):			
11 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Manufacturing ☐ Services ☐ Finance, Insurance, Real Estate ☐ Retail Trade ☐ Wholesale Trade ☐ Construction				

Other (please specify): Economic Development

Section 3: Agreement Info	rmation			
16. Project Start Date: 01/01/2010		17. Expected Project Completion Date: 12/31/2014		
18. Please specify all funding	g sources for project	(attach sources/use statement i	f available). The table should	
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, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)	
See attached funding sources	\$			
	\$			
	\$			
	\$	-		
4.	\$,	
Total Project Budget (all sou	urces):			
Your public participation pe	5/	leet:		
		assistance meet a public purpose	e. Which of the following public	
purposes were used to dete	ermine your participat	tion? (Mark all that apply.)	8	
Enhancing economic	diversity	Stabilizing the community		
✓ Creating high-quality	job growth	✓Increasing tax base (cannot b	pe only purpose)	
Job retention		- Control of the Cont	inate blight & promote future	
NOTE: If job creation or ret	tention is not a goal t	then please skip to Question 21.	The state of the s	
Section 4: Goals and Act				
20. Job Creation and/or R	etention Goals (firs	t year report) and Actuals (se	cond year report):	
		ate the (new) job creation and/or re		
assistance agreement and the	number of actual (new)	jobs created and/or retained since	the benefit date including the	
average hourly value of any en				
(Full-time jobs are defined as n	ew, permanent, non-se	asonal positions created subsequen	t to the financial assistance week. Part-time is defined as a new	
job in which an employee work	s for the recipient at a i	rate less than 40 hours per week wit	week. Part-time is defined as a new	
retention is defined as jobs at a	a specific wage level tha	at exist prior to the signing of the fin	ancial assistance gareement. There	
must be evidence that the reta	ined jobs will be lost wit	thout financial assistance or where	iob loss is specific and demonstrable.	
	Total Number of	Average Hourly Wa		
(New) Full-time	Employees	Level	Health Insurance	
Job Creation (Goals)	15	12.82		
(New) Part-time				
Job Creation (Goals)				
Job Retention (Goals)				
		and the second s		
(New) Full-time Job Creation (Actuals)				
(New) Part-time				
Job Creation (Actuals)	745			
Job Retention (Actuals)				
· i				
21. What is the status of the	project and how suc	cessful have they been in meeting	ng stated goals?	
The parties amended the business	s subsidy agreement's "be	enefit date" to bring it into compliance	with the definition of Benefit Date in the e improvements are not yet completed	
for the entire project and no busing	ess has occupied the faci	ility. As provided in the First Amendme	int to the Grand Agreement(attached),	

the Property has been conveyed to the Third-Party Purchaser and construction is expected to begin as soon as possible.