

## 2020 Minnesota Financial Assistance Form

1.	subsidy. The new thresh	nold is \$150,000	O for either a	rant ar laan and!-	Al Al I	'" hearing		
200	requirement also to \$15				_	vo year		
Action to the second	periods under the old th	reshold leve	DEED USE OF	NLY: Report Year 2	020	,000 in		
Attack	loans. (See §116J.993, S	ection 2, Sub	MBAF Year:	2019		ire		
Section .	available on the DEED w	ebsite.						
	Please use this form to	report on all	Region #:	Northeast		2008		
Sarba	through 2019 that fall u	nder the old	Date Receive	ed: 3-9-2020		0		
Weigh	provide the status of the	e project tow	Tracking #	016		d will		
	be used to help the legis	slative body u	ricelang w.					
	development activities and where additional state financial resources may be best utilized. No additional							
Mago.	reports are required.  Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of							
ECON.								
	Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332							
	Minnesota Street, Suite	E200, St. Paul	MN 55101-13	51; or fax to: (651) 21	5-3841	3,		
FFE								
RELL	Section 1: (Grantor Inform			1001				
3	Name of grantor (funding entity):  City of Grand Bonida			2. Name of person completing this form:				
1	City of Grand Rapids			Barbara Baird				
1	3. Street address:			4. City:		Code:		
944 - 1 - 2 july 16 - 2	420 N Pokegama Ave			Grand Rapids	5574	4		
AMBOUT	6. County:	7. Phone number:		8. Fax number:	9. Em	ail address:		
anali	Itasca	218.326.7600		218.326.7608	bbaird	@ci.grand-rapids.mn.us		
	10. Classification of granton	(Mark one. If	grantor is enti	ty created by governn	nent agency, p	lease indicate		
Barba	affiliation. For example, a c	ity EDA would	check "City go	vernment.")				
Tink a								
****	☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify):							
DATE			ther (Please's	ресту):				
	Section 2: Recipient Inform							
100	11. Name of business or org	ganization rece	eiving	12. Address where financial assistance will be used:				
FAR	The Charles of the Communication of the Communicati	financial assistance:			Street address: 840 LIIY Lane			
ES CS	ASV Holdings, I	nc.		City/State/ZIP Code: Grand Rapids, MIN 55/44				
2010	13. Type of organizational structure of recipient receiving financial assistance (Mark one)							
				ig illianciai assistance	(iviark one)			
	✓ C-Corporation S-Corporation			Limited Liability Company (LLC)				
	Other (Please specify):							
1427	14. Does the recipient have a parent corporation? (Mark one.)							
100	Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.)							
Attaci	✓ No							
15 86								
1	Name of parent corp	oration:						
Barte	Street address:							
Florida	City/State/ZIP Code:	City/State/ZIP Code:						
	15. Recipient's primary indu	15. Recipient's primary industry (Mark one.):						
	Manufacturing	Services		Finance Incurance D	eal Estate			
4.17								
Dist								
	Other (please specify	·):						

. . . .

A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business

Section 3: Agreement In	formation							
16. Project Start Date: 1/31/2018	9	17. Expected Project Completion Date: 04/30/2020						
18. Please specify all fund	ing sources for project (att	ch sources/use statement if available). The table should						
include all funding sources	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, capita improvement)					
DEED	\$ 125,000	Loan	Capital Improvement					
	\$							
	\$							
	\$							
	\$							
Total Project Budget (all so	ources):							
Your public participation p	ercentage of total budget:							
			. Which of the following public					
purposes were used to de	termine your participation	? (Mark all that apply.)	and the removing public					
✓ Enhancing economic diversity								
Creating high-quality job growth								
✓ Job retention		Other (please specify):						
NOTE: If job creation or re	etention is not a goal then	please skip to Question 21.						
Section 4: Goals and Ad	tual Performance							
20. Job Creation and/or	Retention Goals (first ye	ar report) and Actuals (see	cond year report):					
For each of the following cate assistance agreement and the average hourly value of any e	e number of actual (new) job	s created and/or retained since	ention goals stated in the financial the benefit date including the					
agreement in which employed job in which an employee woo retention is defined as jobs at	es are scheduled to work on o rks for the recipient at a rate a specific wage level that ex	less than 40 hours per week with ist prior to the signing of the find	week. Part-time is defined as a new					
	Total Number of Employees	Average Hourly Wag						
(New) Full-time Job Creation (Goals)	13	15.49	4.51					
(New) Part-time								
Job Creation (Goals)								
Job Retention (Goals)	4 4							
(New) Full-time	14	22.15	9.08					
Job Creation (Actuals) (New) Part-time	17	22.10	3.00					
Job Creation (Actuals)			1					
Job Retention (Actuals)								
21. What is the status of th	e project and how success	ful have they been in meetin	g stated goals?					
ASV, Inc. has moved the	neir parts distribution o		d Rapids and has hired and					