

- Use the Minnesota Business Assistance Form to report each business subsidy and financial assistance agreement signed from **August 1, 1999 through December 31, 2023** unless goals have been achieved and reported on a MBAF per Minn. Stat. §116J.993 to §116J.995. [You may complete and submit this form online](#), instead of submitting a paper version.
- The following government agencies must submit a MBAF: 1) any local government/agency that signed a business subsidy agreement since January 1, 2008, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies; 3) business assistance that exceeds \$150,000.
- DEED will contact all local or state government agency that is required to report by April 1. Business assistance may not be awarded after June 1 of each year until a report has been submitted.
- Questions? Call 651-259-7179. Information on where to mail or fax your completed MBAF(s) is on page 5.

Section 1: Grantor Information						
1. Name of grantor (funding entity):		2. Name of person completing this form:				
3. Street address:		4. City:	5. ZIP Code:			
6. County:	7. Phone number:	8. Fax number:	9. Email address:			
10. Indicate who in your organization should receive the MBAF if different than the person in Question 2.						
Name		Title				
Street Address		City	ZIP Code			
Phone Number		Email Address				
11. Classification of grantor (Mark one. If grantor is entity created by government agency, indicate affiliation. For example, a city EDA would check "City government.")						
<input type="checkbox"/>	City government	<input type="checkbox"/>	County government	<input type="checkbox"/>	Regional government	
<input type="checkbox"/>	State government	<input type="checkbox"/>			Other (specify):	
12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)						
<input type="checkbox"/>	Yes, in 2023 (attach criteria)		<input type="checkbox"/>	Yes, in 2023 but have not yet adopted criteria		
<input type="checkbox"/>	Yes, prior to 2023					
If yes, fill out:						
Hearing Date:		Year Criteria Submitted:				
<input type="checkbox"/>	No		<input type="checkbox"/>			Other (attach explanation.)
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 2023 unless goals have been achieved and reported in a previously filed MBAF? (Mark one.)						
<input type="checkbox"/>	Yes (Complete the remainder of the form unless goals have been achieved and reported in a previously filed MBAF per Minn. Stat. §116J.993 and §116J.994.)		<input type="checkbox"/>	No (Stop here, go to Section 5 on page 4.)		
Section 2: Recipient Information						
14. Name of business or organization receiving subsidy or financial assistance:						
15. Address where business subsidy or financial assistance will be used:						
Street address:		City/State/ZIP Code:				
16. Does the recipient have a parent corporation? (Mark one.)						
<input type="checkbox"/>	Yes (If yes, fill out below...If more than one, indicate ultimate owner.)		<input type="checkbox"/>	No		
Name of parent corporation:						
Street address:		City/State/ZIP Code:				

Section 2: Recipient Information					
17. Industry of recipient's facility (<i>Mark one.</i>):					
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Services	<input type="checkbox"/>	Finance, Insurance, Real Estate
<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Other (specify):				
18. Did the recipient relocate as a result of signing this agreement? (<i>Mark one.</i>)					
<input type="checkbox"/>	Yes (if yes, fill out below)				
<input type="checkbox"/>	City/State of previous address:				
<input type="checkbox"/>	Reason project not completed at previous address:				
<input type="checkbox"/>	Indicate total number of employees who ceased to be employed by recipient when the recipient relocated to become eligible for the business subsidy:				
<input type="checkbox"/>	No (<i>Go to Question 19.</i>)				
19. What would recipient have done without business subsidy or financial assistance? (<i>Mark one.</i>)					
<input type="checkbox"/>	Remain at previous location, but not expand	<input type="checkbox"/>	Remain at previous location, but expand at the location	<input type="checkbox"/>	Relocate to different Minnesota location
<input type="checkbox"/>	Relocated outside Minnesota	<input type="checkbox"/>	Other (explain)		
19A. Was the project a result of eminent domain?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Section 3: Agreement Information					
20. Total dollar value of business subsidy or financial assistance (<i>Separate value by type in Questions 24 and 25.</i>):			21. Date agreement signed (<i>In addition to the agreement date, indicate any dates the agreement was amended.</i>):		
22. Benefit date (<i>Indicate the date the recipient receives the business subsidy. If the subsidy involves physical equipment, then the benefit date is the date the equipment is placed into service. If the business subsidy involves property improvements, the benefit date is when the improvements are finished or when the business occupies the property.</i>)					
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (<i>Mark one.</i>)					
<input type="checkbox"/>	Business Subsidy		<input type="checkbox"/>	Financial Assistance	
24. If the agreement provided a business subsidy, indicate the type(s) and total dollar value for each type.					
<input type="checkbox"/>	Not applicable, agreement provided financial assistance				
<input type="checkbox"/>	Loan (only principal)				\$
<input type="checkbox"/>	Grant (i.e., forgivable loan)				\$
<input type="checkbox"/>	Tax abatement				\$
<input type="checkbox"/>	TIF or other tax reduction or deferral (For questions about TIF reporting requirements, contact Jason Nord with the Minnesota Office of the State Auditor at 651-296-7979.)				\$
<input type="checkbox"/>	Guarantee or payment				\$
<input type="checkbox"/>	Contribution of property or infrastructure				\$
<input type="checkbox"/>	Preferential use of governmental facilities				\$
<input type="checkbox"/>	Land contribution				\$
<input type="checkbox"/>	Other (specify subsidy type):				\$
25. If the assistance was one of the four types of financial assistance, indicate the type(s).					
<input type="checkbox"/>	Not applicable, agreement provided a business subsidy.				
<input type="checkbox"/>	Assistance for property by contaminants				\$
<input type="checkbox"/>	Assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50 percent or less of total cost				\$
<input type="checkbox"/>	Assistance for pollution control or abatement				\$
<input type="checkbox"/>	Assistance for a TIF soils condition district				\$

Section 3: Agreement Information

26. If the assistance included tax increment financing, indicate the type of TIF district. *(Mark one.)*

Not applicable, assistance was not in the form TIF	
Redevelopment	\$
Renewal and renovation	\$
Soils condition	\$
Economic development	\$
Mined underground space	\$
Hazardous substance subdistrict	\$

27. Are any other grantors providing a business subsidy or financial assistance to the same project? *(Mark one.)*

Yes (If yes, specify each grantor and the value of their assistance; attach additional sheets if necessary)	
Grantor	Value (\$)
	\$
	\$
No	

Section 4: Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? *(Mark all that apply.)*

Enhancing economic diversity	Increasing tax base <i>(cannot be only purpose)</i>	Creating high-quality job growth
Job retention	Stabilizing the community	Other <i>(specify):</i>

29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. *(Fill in the boxes and attainment date(s) for each goal.) (Attach description of goals and progress toward attainment if not documented in Questions 30 and 31.)*

	Goals established		Target attainment dates (month & year)		All goals attained?		
	Yes	No			Yes		No
A) Specific wage and job goals to be attained within 2 years							
B) Other job-creation and/or retention goals							
C) Other wage goals							
D) Goals other than wage and job goals							

30. For each of the following wage categories, indicate the (new) job creation and/or retention **goals** stated in the agreement and 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 business subsidy 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 business subsidy agreement. There must be evidence that the retained jobs will be lost without business assistance or where job loss is specific and demonstrable

Hourly Wage (excluding benefits)	A. (New) Full-time Job Creation	B. (New) Part-time Job Creation	C. Job Retention	Total Jobs (A+B+C)	Hourly Value of Health Insurance	Hourly Value of Non-Health Insurance Benefits
No hourly wage – level goal					\$	\$
Less than \$7.00					\$	\$
\$7.00 - \$8.99					\$	\$
\$9.00 to \$10.99					\$	\$
\$11.00 to \$12.99					\$	\$
\$13.00 to \$14.99					\$	\$
\$15.00 to \$16.99					\$	\$
\$17.00 to \$18.99					\$	\$
\$19.00 to \$20.99					\$	\$
\$21.00 to \$22.99					\$	\$
\$23.00 to \$24.99					\$	\$
\$25.00 to \$26.99					\$	\$
\$27.00 to \$28.99					\$	\$
\$29.00 to \$30.99					\$	\$
\$31.00 and higher					\$	\$

Section 4: Goals and Public Purpose Identified in the Agreement

31. For each of the following wage categories, indicate the number of **actual** (new) jobs created and/or retained since the benefit date and the **actual** hourly value of any employer provided voluntary benefits for those jobs. (Full-time jobs are defined as new, permanent, non-seasonal positions created subsequent to the business subsidy 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 business subsidy agreement. There must be evidence that the retained jobs will be lost without business assistance or where job loss is specific and demonstrable.

Hourly Wage (excluding benefits)	A. (New) Full-time Job Creation	B. (New) Part-time Job Creation	C. Job Retention	Total Jobs (A+B+C)	Hourly Value of Health Insurance	Hourly Value of Non-Health Insurance Benefits
Less than \$7.00					\$	\$
\$7.00 - \$8.99					\$	\$
\$9.00 to \$10.99					\$	\$
\$11.00 to \$12.99					\$	\$
\$13.00 to \$14.99					\$	\$
\$15.00 to \$16.99					\$	\$
\$17.00 to \$18.99					\$	\$
\$19.00 to \$20.99					\$	\$
\$21.00 to \$22.99					\$	\$
\$23.00 to \$24.99					\$	\$
\$25.00 to \$26.99					\$	\$
\$27.00 to \$28.99					\$	\$
\$29.00 to \$30.99					\$	\$
\$31.00 and higher					\$	\$

32. Has the recipient achieved **all goals** (see Questions 29, 30 and 31) and fulfilled **all obligations** stipulated in the agreement? (Mark one.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 5: Recipients Failing to Fulfill Obligations

(Do not complete this section (Questions 33- 39) if you completed it on another MBAF submitted to DEED. Note below which MBAF includes the information.)

33. During the period January 1, 2022 through December 31, 2023, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

	Name of recipient:
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	Type of subsidy or assistance (See Questions 24 & 25):
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	Value of subsidy or assistance
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	No
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34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on August 1, 1999 through December 31, 2023, that was required to be fulfilled by the time of this report? (Mark one.)

<input type="checkbox"/> Yes (complete the remainder of this section)	<input type="checkbox"/> No (Stop here and submit form to DEED)
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For Questions 35-39, provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.)

35. Information of recipient and agreement

	Name of recipient in default:
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	Street address of recipient:
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	City/ZIP Code of recipient:
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Section 5: Recipients Failing to Fulfill Obligations			
Type of subsidy or assistance:			
Initial value of subsidy or assistance:			
Outstanding value of subsidy or assistance:			
36. Reason(s) for default <i>(Mark all that apply)</i>			
<input type="checkbox"/>	Recipient ceased operation	<input type="checkbox"/>	Recipient relocated to a different community
<input type="checkbox"/>	Recipient was unable to fill vacant positions	<input type="checkbox"/>	Other <i>(specify reason)</i>
37. To date, has the recipient fulfilled its repayment obligation? <i>(Mark one.)</i>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, recipient has begun to repay the assistance.
<input type="checkbox"/>		<input type="checkbox"/>	No, recipient has not begun to repay the assistance.
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:			

Return your completed MBAF(s) by April 1, 2024

Mail To:

Minnesota Department 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

Next year, submit your information using our [online form](#).