

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							
		0,000. However, reports of p			'ear			
	periods under the old th	reshold levels of b) in			
	loans. (See §116J.993, Se	ection 2, Subdivisic	SE ONLY: Report Year 202					
	available on the DEED w	ebsite.	2013					
•	Please use this form to report on all financ through 2019 that fall under the old thresh Region #: Souther st				18			
	through 2019 that fall up	nder the old thresh Region	eceived: 3-18-2020					
	provide the status of the		711		ill			
	be used to help the legislative body unders: Tracking #:							
	development activities and where additional reports are required. No additional							
	uestions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of							
	Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332							
Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841								
			, (,					
Section 1: (Grantor Information)								
1. Name of grantor (funding entity):			2. Name of person completing this form:					
Rice County			Kathy Feldbrugge					
3. Street address:			4. City: Faribault	5. ZIP Code:				
	320 Third St. NW		N GEST THE STATE OF	55021				
Charles and Control	County: ce	7. Phone number: 507-332-6091	8. Fax number: 507-333-3838	9. Email address:	0 000 110			
		The same of the sa		kfeldbrugge@co.ric	e.mn.us			
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 ☐ Regional government							
State government Other (Please specify):								
	ction 2: Recipient Inforn							
11. Name of business or organization receiving			12. Address where financial assistance will be used:					
financial assistance:			Street address: 15//U Acorn Trail					
B & B Manufacturing & Assembly, LLC City/State/ZIP Code: Faribauit, MIN 55021								
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 Est	ance, Insurance, Real Estate				
	Retail Trade Wholesale Trade Construction							
	Other (please specif	y):						

Section 3: Agreement Info	rmation							
16. Project Start Date: 03/13/2012	1	17. Expected Project Completion Date: 04/01/2012						
18. Please specify all funding sources for project (attach sources/use statement if available). The table should								
include all funding sources used by the recipient to fund the project:								
Identify Private or Public Participant	(1	ype of Assistance grant, Ioan, TIF, TAF, tc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)					
Rice County	\$ 40,000	Tax Abatement	Purchase equipment & construct leasehold improvements					
City of Faribault	\$ 40,000	Tax Abatement	Purchase equipment & construct leasehold improvements					
Faribault EDA	\$ 100,000	Loan	Purchase equipment & construct leasehold improvements					
	\$							
	\$							
Total Project Budget (all so	urces): \$180,000							
Your public participation percentage of total budget: 22%								
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 Stabilizing the community								
✓ Creating high-quality job growth ✓ Increasing tax base (cannot be only purpose)								
✓ Job retention Other (please specify):								
NOTE: If job creation or retention is not a goal then please skip to Question 21.								
Section 4: Goals and Actual Performance								
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 Wage Average Hourly Value of								
	Employees	Level	Health Insurance					
(New) Full-time	-							
Job Creation (Goals)	4	\$12/hr						
(New) Part-time								
Job Creation (Goals)								
Job Retention (Goals)		\$12/hr						
(New) Full-time								
Job Creation (Actuals)	19	\$19/hr						
(New) Part-time								
Job Creation (Actuals)								
Job Retention (Actuals)	15	\$20/hr						
21. What is the status of the project and how successful have they been in meeting stated goals?								
Company is on track and meeting wage and job goals. This is the last year for reportingthe								
maximum abatement of \$40,000 (total) was over 7 years.								