



2002 Business Assistance Report

APPENDIX T

**Business and Financial Assistance Forms
Submitted by State, County, City and Local
Government Agencies Provided between
July 1, 1995 through December 31, 2001
In Accordance with Minnesota
Statutes § 116J.993 through § 116J.995**

VOLUME 2 OF 2

[Part B](#)

Volume 2 consists of
Part A through Part C

Prepared by:

Analysis and Evaluation Office
Minnesota Department of Trade
and Economic Development
500 Metro Square Building
121 7th Place East
St. Paul, Minnesota 55101-2146

[Print This Page](#)

Copyright © 1999 - 2003, Minnesota Department of Trade and Economic Development. All rights reserved.

2001 Minnesota Business Assistance Forms Submitted by Government Agencies for Eligible Projects Reported in 2002

Forms submitted by City, County, and State Government Agencies

Select the agency from the list below to obtain a copy (in PDF format) of the submitted form(s).

- [Alexandria, City of](#) (1 form)
- [Annandale EDA](#) (2 forms)
- [Austin, City of](#) (1 form)
- [Big Lake EDA](#) (2 forms)
- [Brooklyn Park EDA](#) (4 forms)
- [Burnsville EDA](#) (4 forms)
- [Chaska EDA](#) (2 forms)
- [Chisago County HRA-EDA](#) (1 form)
- [Cottonwood, City of](#) (1 form)
- [Duluth EDA](#) (1 form)
- [Eden Prairie, City of](#) (1 form)
- [Edina HRA](#) (1 form)
- [Freeport, City of](#) (1 form)
- [Hastings, City of](#) (2 forms)
- [Howard Lake](#) (1 form)
- [Iron Range Resources and Rehabilitation Agency](#) (2 forms)
- [Lakeville, City of](#) (1 form)
- [Lino Lakes EDA](#) (3 forms)
- [Little Falls, City of](#) (1 form)
- [Long Lake EDA](#) (2 forms)
- [Maple Grove, City of](#) (1 form)
- [Maple Plain, City of](#) (1 form)
- [Marshall, City of](#) (3 forms)
- [Minneapolis Community Development Agency](#) (2 forms)
- [Minnesota Department of Trade and Economic Development](#) (25 forms)
- [Montevideo Community Development Corporation](#) (1 form)
- [Monticello, City of](#) (1 form)
- [Monticello, EDA](#) (1 form)
- [Moorhead, City of](#) (2 forms)
- [Mound HRA](#) (2 forms)
- [Mountain Lake EDA](#) (1 form)
- [New Ulm, City of](#) (1 form)
- [North Branch EDA](#) (3 forms)
- [Oak Grove, City of](#) (1 form)
- [Oakdale, City of](#) (1 form)
- [Owatonna, City of](#) (1 form)
- [Pine River, City of](#) (2 forms)
- [Red Wing Port Authority](#) (2 forms)
- [Richfield HRA](#) (1 form)
- [Robbinsdale EDA](#) (1 form)

- [Rochester, City of](#) (1 form)
- [Rogers, City of](#) (1 form)
- [Rosemount Port Authority](#) (1 form)
- [Saint Cloud HRA](#) (1 form)
- [Saint Louis Park EDA](#) (1 form)
- [Saint Paul, City of](#) (2 forms)
- [Savage, City of](#) (2 forms)
- [Scott County](#) (2 forms)
- [Shakopee, City of](#) (1 form)
- [South Saint Paul HRA](#) (4 forms)
- [Spicer, City of](#) (1 form)
- [Spring Valley EDA](#) (1 form)
- [Waseca, City of](#) (1 form)
- [Wheaton, City of](#) (1 form)
- [Windom EDA](#) (1 form)
- [Wyoming, City of](#) (2 forms)

Forms Submitted by Government Agencies (Financial Assistance)

- [Minneapolis Community Development Agency](#) (1 form)
- [Spring Valley EDA](#) (1 form)

[Print This Page](#)

Copyright © 1999 - 2003, Minnesota Department of Trade and Economic Development. All rights reserved.

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED APR 1 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Alexandria		2. Name of person completing this form Michael J. Weber		
3. Street address 704 Broadway		4. City Alexandria	5. ZIP code 56308	
6. County Douglas	7. Phone number 320-763-6678	8. Fax number 320-763-3511	9. E-mail address mweber@rea-alp.com	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>4/23/01</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Alexandria Extrusion Company		15. Address where business subsidy or financial assistance will be used 401 Co Rd 22 NW Alexandria MN 56308		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

- Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

- Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$500,000

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

4/6/00

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

5/1/00

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

- not applicable, agreement provided financial assistance
 loan (only principal) \$500,000
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ _____
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ _____
 other (Specify subsidy type.) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

- not applicable, agreement provided a business subsidy
 assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

- not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

Grantor	Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) (32 jobs yet to be created by 12/31/02)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	<u>70</u>	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	<u>30</u>	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	<u>38</u>	<u>30</u>	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

- recipient ceased operation
- recipient was unable to fill vacant positions
- recipient relocated to a different community
- other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by **April 1, 2001**, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 0 8 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Annandale Economic Development Authority</u>		2. Name of person completing this form <u>Mary Degiovanni</u>	
3. Street address <u>30 Cedar Street East</u>		4. City <u>Annandale</u>	5. ZIP code <u>55302</u>
6. County <u>Wright</u>	7. Phone number <u>(320) 274-3055</u>	8. Fax number <u>(320) 274-5728</u>	9. E-mail address <u>city@annandale.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/00</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Market Properties, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>435 Annandale Blvd, Annandale, MN 55302</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Annandale, MN Previous building was leased - not owned
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$65,000 + interest</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>10-2-00</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>2-1-01</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>65,000</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>_____ Grantor Value (\$) _____ Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) job creation

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2-1-03</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>5</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>2</u>	_____	_____	_____	\$ <u>0</u>
\$9.00 to \$10.99	<u>3</u>	_____	_____	_____	\$ <u>0</u>
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ <u>0</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>1</u>	_____	_____	_____	\$ <u>0</u>

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 10 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTFED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Annandale Economic Development Authority</u>		2. Name of person completing this form <u>Mary Degiovanni</u>	
3. Street address <u>30 Cedar Street East</u>		4. City <u>Annandale</u>	5. ZIP code <u>55302</u>
6. County <u>Wright</u>	7. Phone number <u>(320) 274-3055</u>	8. Fax number <u>(320) 274-5728</u>	9. E-mail address <u>city@annandale.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/00</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Robin Reichel dba Reichel's Catering Service</u>		15. Address where business subsidy or financial assistance will be used <u>725 Norway Dr., Annandale, MN 55302</u>	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Annandale, MN No room for expansion at existing site
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$96,853 + interest</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">9-13-00</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">2-1-01</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>96,853</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0" style="width: 100%;"> <tr> <td style="border-top: 1px solid black; width: 50%;"></td> <td style="border-top: 1px solid black; width: 50%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) job creation

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2-1-03</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	<u>1</u>	<u>2</u>	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	<u>9</u>	_____	_____	\$ <u>0</u>
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



original form rec'd 3/29/02 E. F. H.

2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500. 2) all state government agencies. If the local state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1 Name of grantor (funding entity) Agency Minneapolis Community Development		2 Name of person completing this form Kent Robbins	
3 Street address 105 5th Ave. S.		4 City Minneapolis	5 ZIP code 55401-2534
6 County Hennepin	7 Phone number (612)673-5187	8 Fax number (612)673-5111	9 E-mail address kent.robbs@mcda.org
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2 Terrell Towers, Director 673-5134 105 5th Ave. S., Mpls., MN 55401-2534			
Name Title		Phone number	
Street address		City ZIP code	
11 Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government; <input type="checkbox"/> County government; <input type="checkbox"/> Regional government; <input type="checkbox"/> State government; <input type="checkbox"/> Other (Please 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) January 22, 2001 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria); <input type="checkbox"/> No Living Wage Resolution Attached <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____); <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one) <input checked="" type="checkbox"/> Yes (Complete the remainder of this form) <input type="checkbox"/> No (See note, go to section 5 on page 4)			

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance Ryan GB 2000, LLC		15 Address where business subsidy or financial assistance will be used 1220 Marshall, Mpls., MN 55413	
Street address		City State ZIP code	
16 Does the recipient have a parent corporation? (Mark one) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No Ryan Companies U.S., Inc. Name of parent corporation 700 International Center 900 Second Ave. S., Mpls., MN 55402-3387 Street address City State ZIP code			

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address: _____ Reason project not completed at previous address: _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Tenant 150 + Jobs

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$11.5 million</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">October 26, 2000</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">October 26, 2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement: Pay \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral (GTIF) \$ 965,000 <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution or property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts when 50% or less of total cost \$ 10,686,004.00 <input checked="" type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subsistence </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below - attach an additional sheet if necessary.) <input type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Met Council</td> <td style="border-bottom: 1px solid black; text-align: right;">\$1,646,097.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor: DTED</td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$): \$ 444,000.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor: _____</td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$): _____</td> </tr> </table>	Met Council	\$1,646,097.00	Grantor: DTED	Value (\$): \$ 444,000.00	Grantor: _____	Value (\$): _____
Met Council	\$1,646,097.00						
Grantor: DTED	Value (\$): \$ 444,000.00						
Grantor: _____	Value (\$): _____						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): Historic Preservation

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 dates) for each goal.

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

Handwritten: Had Completed 2002

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

Handwritten: N/A

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

Handwritten: N/A

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement.

Name of recipient (if default)	Type of subsidy or assistance	Initial value of subsidy or assistance
--------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default: *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AF-O
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2002 Minnesota Business Assistance Form

01-0598

RECEIVED MAY 24 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) <u>City of Wyoming</u>		2. Name of person completing this form <u>Mirshin Bausner</u>	
3. Street address <u>21008 Forest Blvd</u>		4. City <u>Wyoming</u>	5. ZIP code <u>55092</u>
6. County <u>Chicago</u>	7. Phone number <u>(651) 408 1032</u>	8. Fax number <u>(651) 408 1033</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Mirshin Bausner</u> <u>(651) 408 1032</u> <u>21438 Imperial Ct Forest Lake</u> <u>55095</u>			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <u>8/16/01</u> Year Criteria Submitted: <u>same</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <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 <u>Mikbrico LP; Robert & Mary Jo</u>		15. Address where business subsidy or financial assistance will be used <u>5129 E. Viking Blvd Wyoming</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) developer

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$463,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>8-10-99 3/2/00 E.Y.H. 4/2/03</u> <i>see phone</i></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>March 31, 2000</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <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 <u>\$463,000</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Reduce

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.)

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>March 2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	<u>3</u>	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	<u>3</u>	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes
- No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

RECEIVED MAY 24 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Wyoming</u>		2. Name of person completing this form <u>Wirstin Barsness</u>		
3. Street address <u>26885 Forest Blvd</u>		4. City <u>Wyoming</u>	5. ZIP code <u>55012</u>	
6. County <u>Chisago</u>	7. Phone number <u>651/408 1032</u>	8. Fax number <u>651/408 1033</u>	9. E-mail address	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title <u>Wirstin Barsness</u>		Phone number <u>651/408 1032</u>	Street address <u>24438 Impenact FL 55025</u>	City <u>Impenact</u>
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>8-10-99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Sunrise Fiberglass</u>		15. Address where business subsidy or financial assistance will be used <u>26467 Fallbrook Ave Wyoming</u>		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

RECEIVED MAY 24 2000

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="font-size: 1.2em;">\$198,000 MIF</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.2em;">3-24-00</p>						
<p>22. Benefit date (Indicate the date the recipients will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="font-size: 1.2em;">November 2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ <u>198,000</u> <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;"></td> </tr> </table>		Value (\$)	Grantor		Grantor	
	Value (\$)						
Grantor							
Grantor							

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>4/30/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	<u>0</u>	<u>0</u>	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

TIF 1-5 Kramer 2002



01-0627

2001 Minnesota Business Assistance Form

RECEIVED MAY 23 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor *E.H. 8/19/02*

1. Name of grantor (funding entity) <u>Windom EDA</u> ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form <u>James King</u>	
3. Street address <u>444 Ninth Street</u>		4. City <u>Windom</u>	5. ZIP code <u>56101</u>
6. County <u>Cottonwood</u>	7. Phone number <u>507-831-6125</u>	8. Fax number <u>507-831-6142</u>	9. E-mail address <u>wineda@windom-mn.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>N/A</u>			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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.) <u>99</u> <input checked="" type="checkbox"/> Yes (Indicate hearing date <u>11/8/</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Jerry Kramer, etal</u>		15. Address where business subsidy or financial assistance will be used <u>1820 N. Redding Ave., Windom, MN</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State	
ZIP code			

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate Warehouse/
 Retail Trade Wholesale Trade Construction Other (please specify) Distribution

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Steamboat Rock, IA Minnesota was more centrally located to markets
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location ^{OR} Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$150,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) August 1, 2000						
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) September, 2000							
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance							
24. If the agreement provided a business subsidy, please 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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 125,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ 25,000 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;"></td> </tr> </table>		Value (\$)	Grantor		Grantor	
	Value (\$)						
Grantor							
Grantor							

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/31/02	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	1	_____	_____	_____	\$1.78
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	9	_____	_____	_____	\$1.78
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	1	_____	_____	_____	\$1.78
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	8	_____	_____	_____	\$1.78

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0467



2001 Minnesota Business Assistance Form

RECEIVED MAY 6 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Wheaton		2. Name of person completing this form Harold D Bruce	
3. Street address 104 - 9th. ST N - Box 868		4. City Wheaton	5. ZIP code 56296
6. County Traverse	7. Phone number 320-563-4110	8. Fax number 320-563-4110	9. E-mail address hbruce@traverse.net.co
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input checked="" type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.)		<input type="checkbox"/> No (Stop here, go to section 3 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Barrett Automatic		15. Address where business subsidy or financial assistance will be used Hwy 75S Wheaton, MN.	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
		City	
		State	
		ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="font-size: 1.2em;">\$ 150,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.2em;">3/23/2000</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="font-size: 1.2em;">4/19/2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 150,000</p> <p><input type="checkbox"/> grant (i.e., forgivable loan) \$ _____</p> <p><input type="checkbox"/> tax abatement \$ _____</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral \$ _____</p> <p><input type="checkbox"/> guarantee of payment \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities \$ _____</p> <p><input type="checkbox"/> land contribution \$ _____</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement \$ _____</p> <p><input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Grantor</td> <td style="width:30%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Targeted attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	36	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	10 TO DATE	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No Create 26 more jobs before 9/2002

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

<p>33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <i>(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.)</i></p> <p><input checked="" type="checkbox"/> No</p>								
<p>Name of recipient Type of subsidy or assistance <i>(See Questions 24 and 25.)</i> Value of subsidy or assistance</p>								
<p>34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i></p>								
<p>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. <i>(Attach additional pages if necessary.)</i></p> <p>35. Information on recipient and agreement:</p> <table border="1"> <tr> <td>Name of recipient in default</td> <td>Type of subsidy or assistance</td> <td>Initial value of subsidy or assistance</td> </tr> <tr> <td>Street address of recipient</td> <td>City/ZIP code of recipient</td> <td>Outstanding value of subsidy or assistance</td> </tr> </table>			Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance	Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance						
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance						
<p>36. Reason(s) for default <i>(Mark all that apply.)</i>:</p> <p><input type="checkbox"/> recipient ceased operation <input type="checkbox"/> recipient relocated to a different community</p> <p><input type="checkbox"/> recipient was unable to fill vacant positions <input type="checkbox"/> other <i>(Specify reason.)</i> _____</p>								
<p>37. To date, has the recipient fulfilled its repayment obligation? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.</p>								
<p>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy :</p> <p>_____</p> <p>_____</p> <p>_____</p>								

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0577

2001 Minnesota Business Assistance Form

RECEIVED MAY 27 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Waseca</u>		2. Name of person completing this form <u>Mark Leiferman</u>	
3. Street address <u>508 South State Street</u>		4. City <u>Waseca, Minnesota</u>	5. ZIP code <u>56093</u>
6. County <u>Waseca</u>	7. Phone number <u>507-835-9700</u>	8. Fax number <u>507-835-8871</u>	9. E-mail address <u>markl@city.waseca.com</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <u>Mark Leiferman</u> <u>Community Dev. Director</u> <u>507-835-9741</u> <u>508 South State St., Waseca, MN 56093</u>			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date <u>8/15/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Delta Waseca</u>		15. Address where business subsidy or financial assistance will be used <u>1400 2nd St. SE Waseca MN 56093</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) Note: Needed to grow to stay competitive

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$255,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">Pending (within 30 days)</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 178,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ 77,000 <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center;">Waseca County \$63,000 (Tax Abatement)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Grantor</td> <td style="width:50%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>November 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>25</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>0</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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 names of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0612

2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY 28 2002

Post Marked 5-24-02

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF SPRING VALLEY EDA		2. Name of person completing this form: MICHAEL LUBANY	
3. Street address 112 W. COLLETTA RD		4. City SPRING VALLEY	5. ZIP code 55975
6. County FILLMORE	7. Phone number (507) 346-7367	8. Fax number 507 346 7249	9. E-mail address m.lubany@cityofspringvalley.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. EDA D. KELLER AS ABOVE			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11/17/99</u> and attach criteria) (ALREADY FILLED 11/17/99) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance KIFFER'S FABRICATING INC.		15. Address where business subsidy or financial assistance will be used 1615 INDUSTRIAL DRIVE	
		City	State ZIP code 55975
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify): _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

(although was considering move to Iowa)

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 210,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>8/16/2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>8/11/2000 8/22/2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan: (only principal) \$110,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$110,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s)</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>_____ Grantor Value (\$) _____ Grantor Value (\$)</p>

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ _____
less than \$7.00	---	---	---	---	\$ _____
\$7.00 to \$8.99	---	---	---	---	\$ _____
\$9.00 to \$10.99	<u>11</u>	---	---	---	\$ _____
\$11.00 to \$12.99	---	---	---	---	\$ _____
\$13.00 to \$14.99	---	---	---	---	\$ _____
\$15.00 and higher	---	---	---	---	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ _____
\$7.00 to \$8.99	<u>1</u>	---	---	---	\$ _____
\$9.00 to \$10.99	<u>3</u>	---	---	---	\$ _____
\$11.00 to \$12.99	<u>28</u>	---	---	---	\$ _____
\$13.00 to \$14.99	<u>4</u>	---	---	---	\$ _____
\$15.00 and higher	<u>6</u>	---	---	---	\$ _____

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.954? (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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient:	City/ZIP code of recipient:	Outstanding value of subsidy or assistance
------------------------------	-----------------------------	--

36. Reason(s) for default (Mark all that apply)

<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 (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0358

RECEIVED APR 1 2001

- # The 2001 Minnesota Business Assistance Form is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTFD will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Spicer</u>		2. Name of person completing this form <u>Jean Spaulding</u>	
3. Street address <u>196 Manitoba St. PO Box 656</u>		4. City <u>Spicer</u>	5. ZIP code <u>56258</u>
6. County <u>Kandiyohi</u>	7. Phone number <u>(320) 796-5562</u>	8. Fax number <u>(320) 796-2044</u>	9. E-mail address <u>spicer.cle@tds.net</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city ED, I would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Mel's Sport Shop</u>	15. Address where business subsidy or financial assistance will be used <u> Hwy 23 South, Spicer, MN 56258</u>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address
City	State
ZIP code	

17. Industry of recipient's facility (Mark one):
 Manufacturing
 Services
 Wholesale Trade
 Retail Trade
 Finance, Insurance, Real Estate
 Construction
 Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)
 Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address) No (Go to Question 19)
 No (Go to Question 19)
 (City/State of previous address _____ Reason project not completed at previous address _____)

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)
 Remained at previous location
 Relocated to different Minnesota location
 Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25)
 \$100,000

21. Date agreement signed in addition to the agreement date, indicate any dates the agreement was amended)
 April 5, 2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier)
 July 31, 2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one)
 Business subsidy
 Financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.
 Loan (only principal)
 Grant (i.e., forgivable loan)
 Tax abatement
 TIF or other tax reduction or deferral \$100,000
 Guarantee of payment
 Contribution of property or infrastructure
 Preferential use of governmental facilities
 Land contribution
 Other (specify subsidy type) _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 Not applicable - agreement provided financial assistance

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
 Not applicable - agreement provided a business subsidy
 Assistance for property polluted by contaminants
 Assistance for removing building stock or bringing it up to code, and assistance provided for degrading historic preservation districts, when 50% or less of total cost
 Assistance for pollution control or abatement
 Assistance for a TIF softs condition district
 \$ _____
 \$ _____
 \$ _____

26. If the assistance included tax increment financing, please indicate the type of TIF district (Mark one)
 redevelopment
 renewal and renovation
 softs condition
 economic development
 limited underground space
 hazardous substance substantial

27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one)
 Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary)
 No
 (Grantor) and value of the agreement(s)
 SBA 504 \$489,938
 (Grantor) Value (\$) _____
 (Grantor) Value (\$) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §161.994 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.)

Fostering economic diversity
 Creating high quality job growth
 Job retention
 Stabilizing the community

Increasing tax base (cannot be only purpose)
 Other (please specify) _____

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 dates for each goal.)

A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	attainment date: <u>Nov 2001</u>	All goals attained? <input checked="" type="checkbox"/>
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	attainment date: _____	
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	attainment date: _____	
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	attainment date: _____	

Please attach descriptions of goals and progress toward attainment if not determined in Questions 30 and 31.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalent if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (including benefits)	Full-time Job Creation	Part-time/Seasonal/Temp Job Creation	FTT (only if goals met stated as FTT)	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	---
less than \$7.00	2	---	---	---	---
\$7.00 to \$8.99	---	---	---	---	---
\$9.00 to \$10.99	---	---	---	---	---
\$11.00 to \$12.99	---	---	---	---	---
\$13.00 to \$14.99	---	---	---	---	---
\$15.00 and higher	---	---	---	---	---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (including benefits)	Full-time Job Creation	Part-time/Seasonal/Temp Job Creation	FTT (only if unable to separate FTT)	Job Retention	Hourly Value of Health Insurance
less than \$7.00	3	---	---	---	---
\$7.00 to \$8.99	---	---	---	---	---
\$9.00 to \$10.99	---	---	---	---	---
\$11.00 to \$12.99	---	---	---	---	---
\$13.00 to \$14.99	---	---	---	---	---
\$15.00 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)

Yes No

Mel's Sport Shop

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, 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.)

No

Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance

Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community recipient was unable to fill vacant positions other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - ATEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED APR 22 2002

Postmarked 4-19-02

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>South St. Paul Housing & Redevelopment Authority</u>		2. Name of person completing this form <u>Branna K. Lindell</u>	
3. Street address <u>125 Third Avenue North</u>		4. City <u>South St. Paul</u>	5. ZIP code <u>55075</u>
6. County <u>Dakota</u>	7. Phone number <u>(651) 451-1838</u>	8. Fax number <u>(651) 450-8759</u>	9. E-mail address <u>b_lindell@ssphra.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <u>HRA</u> <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/31/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Schadegg Mechanical, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>225 BridgePoint Drive, South St. Paul</u> 55075 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	
Street address	
City	
State	
ZIP code	

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): _____

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.)

Goals	Goals established?	Target attainment: dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	1	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	2	_____	_____	_____	\$ 3.21
\$13.00 to \$14.99	1	_____	_____	_____	\$ 3.21
\$15.00 and higher	20	_____	_____	_____	\$ 3.21

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

Yes No

17. Industry of recipient's facility (Mark one.):

- Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

- Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Previous leased location was too small,
St. Paul, MN no room for expansion
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

- Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$27,400</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>May 23, 2000</p>
---	---

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

January, 2001

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

business subsidy financial assistance

<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input checked="" type="checkbox"/> preferential use of governmental facilities \$ 27,400 <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>
---	--

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

not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)

No

Grantor(s) and value of the agreement(s):

Grantor	Value (\$)
Grantor	Value (\$)

Recipients Failing to Fulfill Obligations
 (Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36 Reason(s) for default: (Mark all that apply):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

RECEIVED APR 2 2 2001
Post-Market 4-19-01

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>South St. Paul Housing & Redevelopment Authority</u>		2. Name of person completing this form <u>Branna K. Lindell</u>	
3. Street address <u>125 Third Avenue North</u>		4. City <u>South St. Paul</u>	5. ZIP code <u>55075</u>
6. County <u>Dakota</u>	7. Phone number <u>(651) 451-1838</u>	8. Fax number <u>(651) 450-8759</u>	9. E-mail address <u>b_lindell@ssphra.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)	
<input checked="" type="checkbox"/> City government <u>HRA</u> <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - <u>8/31/99</u> and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)			
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Holtkoetter Leuchten</u>		15. Address where business subsidy or financial assistance will be used <u>155 Hardman Avenue, South St. Paul 55075</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)			
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

- Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

- Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

155 Hardman Avenue

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

- This is an expansion
 Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$53,361

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

May 2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

- not applicable, agreement provided financial assistance
 loan (only principal) \$ _____
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ _____
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ 53,361
 other (Specify subsidy type) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

- not applicable, agreement provided a business subsidy
 assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

- not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

Grantor Value (\$)

Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	1	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	4	4	_____	_____	\$.98-1.81
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	1	_____	_____	_____	1.90

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25)</i>	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.)*:

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED APR 2 2002

Post Mailed 4-19-02

Section 1 Information About Grantor

1. Name of grantor (funding entity) South St. Paul Housing & Redevelopment Authority		2. Name of person completing this form Branna K. Lindell	
3. Street address 125 Third Avenue North		4. City South St. Paul	5. ZIP code 55075
6. County Dakota	7. Phone number (651) 451-1838	8. Fax number (651) 450-8759	9. E-mail address b_lindell@ssphra.org
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city/EDA would check "City government."</i>) <input checked="" type="checkbox"/> City government HRA <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify:</i>) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one</i>) <input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 8/31/99 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one</i>) <input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Stebgo Metals	15. Address where business subsidy or financial assistance will be used 250 BridgePoint Drive, South St. Paul 55075
16. Does the recipient have a parent corporation? (<i>Mark one.</i>) <input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

- Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

- Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

South St. Paul No room for expansion
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

- Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$174,679

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)

November 28, 2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

Anticipated move in date: April 15, 2002

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

- not applicable, agreement provided financial assistance
 loan (only principal) \$ 160,000
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ _____
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ 14,679
 other (Specify subsidy type) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

- not applicable, agreement provided a business subsidy
 assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost: \$ _____
 assistance for pollution control or abatement: \$ _____
 assistance for a TIF soils condition district \$ _____

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

- not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

Grantor Value (\$)

Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	1	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

Section 3 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient Type of subsidy or assistance *(See Questions 24 and 25.)* Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

_____ Name of recipient in default	_____ Type of subsidy or assistance	_____ Initial value of subsidy or assistance
_____ Street address of recipient	_____ City/ZIP code of recipient:	_____ Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

01-0453

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED APR 17 2002

Post marked 4-19-02

Section 1 Information About Grantor

1. Name of grantor (funding entity) South St. Paul Housing & Redevelopment Authority		2. Name of person completing this form Branna K. Lindell	
3. Street address 125 Third Avenue North		4. City South St. Paul	5. ZIP code 55075
6. County Dakota	7. Phone number 651-451-1838	8. Fax number 651-450-8759	9. E-mail address b_lindell@ssphra.org
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
			City
			ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/31/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance GoldCom		15. Address where business subsidy or financial assistance will be used 141 BridgePoint Way, So. St. Paul 55075	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19.)

West St. Paul, MN No room for expansion
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$63,600</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">June 27, 2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">February 2001</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 50,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ 13,600 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify: each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2/2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>1</u>	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*:

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

RECEIVED APR 2 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Post Marked 4.3.02

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF SHAKOPEE (AND SCOTT COUNTY)		2. Name of person completing this form PAUL SNOOK, ECONOMIC DEVELOPMENT DIRECTOR		
3. Street address 129 HOLMES ST. SO.		4. City SHAKOPEE	5. ZIP code 55379	
6. County SCOTT	7. Phone number (952) 496-9661	8. Fax number (952) 233-3801	9. E-mail address psnook@ci.shakopee.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11-16-99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ADC TELECOMMUNICATIONS, INC. * CONTRACT TERMINATED 12/18/01		15. Address where business subsidy or financial assistance will be used (street under construction) SHAKOPEE MN 55379		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):
 NAICS: 334210 Manufacturing Services Finance, Insurance, Real Estate
 SIC: 3661 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)
 Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.) **THIS WAS NOT A RELOCATION OF EXISTING FACILITY; IT IS A NEW FACILITY**

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) **THIS PROJECT IS A NEW FACILITY, THEREFORE NOT HAVING A "PREVIOUS LOCATION". HOWEVER, THE FACILITY WOULD HAVE LOCATED OUTSIDE MN/USA**
 Remained at previous location Relocated to different Minnesota location Located outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$ 2,010,000 (CITY OF SHAKOPEE AND SCOTT COUNTY)</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) MAY 23, 2000 * CONTRACT TERMINATED 12/18/01</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 12/31/01 PER CONTRACT FOR PRIVATE DEVELOPMENT, BUSINESS SUBSIDY AGREEMENT</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please 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 checked="" type="checkbox"/> tax abatement \$ 2,010,000 <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s): TERM: 8/1/03-2/1/09 CITY OF SHAKOPEE NOT MORE THAN \$100,000 IN 12mo PERIOD. Grantor Value (\$) SCOTT COUNTY NOT MORE THAN \$215,000 IN 12mo PERIOD. Grantor Value (\$)</p>

(SEE RESOLUTION NO. 5635)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1-1-04	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99 (no less than \$12.64)	_____	_____	450	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

N/A. BENEFIT DATE IS 2/3/01
REPORT DATE/TARGET DATE: 1-1-04

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

**CITY OF SHAKOPEE
RESOLUTION NO. 5635**

**RESOLUTION APPROVING TERMINATION OF THE CONTRACT FOR
PRIVATE DEVELOPMENT BETWEEN THE CITY OF SHAKOPEE AND
SCOTT COUNTY AND ADC TELECOMMUNICATIONS, INC.;
AND RESCINDING RESOLUTION NO. 5357.**

WHEREAS, the City of Shakopee, Scott County and ADC Telecommunications, Inc. entered into a Contract for Private Development dated May 23, 2000 for the proposed facility located at 6021 Broadband Boulevard in Shakopee; and

WHEREAS, in connection with the Contract, the City approved Resolution No. 5357, authorizing abatement of property taxes on the ADC facility under Minnesota Statutes Sections 469.1812 to 469.1815; and


WHEREAS, global economic conditions and business circumstances make continuation of the project untenable;

WHEREAS, ADC Telecommunications, Inc., the City of Shakopee, and Scott County recognize the need to terminate the Contract; and

NOW THEREFORE BE IT RESOLVED by the City Council of the City of Shakopee, Minnesota as follows:

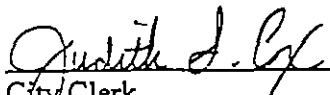
1. The contract is hereby terminated.
2. City officials are authorized and directed to sign a termination agreement on behalf of the City in substantially the form on file in City Hall
3. Resolution No. 5357 is hereby rescinded.

Approved by the City Council of the city of Shakopee, Minnesota this 18th day of December, 2001.



Mayor

Attest:



City Clerk



2001 Minnesota Business Assistance Form

RECEIVED MAR 27 2001

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement: for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Scott County		2. Name of person completing this form Brian Hanninen		
3. Street address 200 Fourth Avenue West		4. City Shakopee	5. ZIP code 55379	
6. County Scott	7. Phone number 952-496-8101	8. Fax number 952-496-8180	9. E-mail address bhanninen@co.scott.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11-02-00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance B. F. Nelson Folding Cartons, Inc. Larry M. Ross, LLC		15. Address where business subsidy or financial assistance will be used 12900 Eagle Creek Prkwy Savage MN 55378 Street address City State ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19.)

Minneapolis, MN Wanted to own their building
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$300,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p>01-04-00</p>										
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier)</p> <p style="text-align: center;">When final certificate of occupancy is given</p>											
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>											
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>										
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s)</p> <table border="0"> <tr> <td>City of Savage</td> <td>\$200,000.00</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	City of Savage	\$200,000.00	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
City of Savage	\$200,000.00										
Grantor	Value (\$)										
_____	_____										
Grantor	Value (\$)										
_____	_____										

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	est. <u>07-15-03</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	<u>87</u>	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

N/A

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(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.)</i>		
<input checked="" type="checkbox"/> No		
_____	_____	_____
Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>		
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. <i>(Attach additional pages if necessary.)</i>		
35. Information on recipient and agreement:		
_____	_____	_____
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
_____	_____	_____
Street address of recipient	City/ZIP code of recipient	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 <u>has begun</u> to repay the assistance <input type="checkbox"/> No, recipient <u>has not begun</u> 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, 2001, to:
2001 Minnesota Business Assistance Forum
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0143

2001 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Scott County		2. Name of person completing this form Brian Hanninen		
3. Street address 200 Fourth Avenue W		4. City Shakopee	5. ZIP code 55379-1220	
6. County Scott	7. Phone number 952-496-8101	8. Fax number 952-496-8180	9. E-mail address bhanninen@co.scott.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one</i>)		
<input type="checkbox"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify:</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date 6/23/00 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing: _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ADC Telecommunications, Inc.		15. Address where business subsidy or financial assistance will be used: 6021 Broadband Blvd Shakopee MN 55379 Street address City State ZIP code		
16. Does the recipient have a parent corporation? (<i>Mark one</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation:		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$1,290,000.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>May 23, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>December 31, 2001</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>City of Shakopee \$720,000.00 Grantor Value (\$) _____ Grantor Value (\$)</p>

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01-01-2004	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ ___
less than \$7.00	—	—	—	—	\$ ___
\$7.00 to \$8.99	—	—	—	—	\$ ___
\$9.00 to \$10.99	—	—	—	—	\$ ___
\$11.00 to \$12.99	450	—	—	—	\$ ___
\$13.00 to \$14.99	—	—	—	—	\$ ___
\$15.00 and higher	—	—	—	—	\$ ___

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ ___
\$7.00 to \$8.99	—	—	—	—	\$ ___
\$9.00 to \$10.99	—	—	—	—	\$ ___
\$11.00 to \$12.99	—	—	—	—	\$ ___
\$13.00 to \$14.99	—	—	—	—	\$ ___
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0560



2001 Minnesota Business Assistance Form

RECEIVED MAY 20 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Savage		2. Name of person completing this form Barry Stock	
3. Street address 6000 McCall Drive		4. City Savage	5. ZIP code 55378
6. County SCOTT	7. Phone number 952-882-2660	8. Fax number 952-882-2656	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 9.20.99 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance BF Nelson Folding Con Larry M. Ross LLC		15. Address where business subsidy or financial assistance will be used Savage 17900 Eagle Cr. Pkwy 55378	
Street address		City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
City		State ZIP code	

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Mpls. 752 - 35th Ave S. wanted to own building
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 200,000.</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>1.4.2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>July 31, 2001</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>Scott Co. \$300,000. Grantor Value (\$) _____ _____ Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.15.2003	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	One Year has not passed since benefit date. Next year will be first scheduled reporting			\$_____
\$7.00 to \$8.99	_____				\$_____
\$9.00 to \$10.99	_____				\$_____
\$11.00 to \$12.99	_____				\$_____
\$13.00 to \$14.99	_____				\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	Same as Above.			\$_____
\$11.00 to \$12.99	_____				\$_____
\$13.00 to \$14.99	_____				\$_____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations*(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)*

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.)*:

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by **April 1, 2001**, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0561

2001 Minnesota Business Assistance Form

RECEIVED MAY 20 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>City of Savage</i>		2. Name of person completing this form <i>Barry Stock</i>	
3. Street address <i>6000 McColl Dr.</i>		4. City <i>Savage</i>	5. ZIP code <i>55372</i>
6. County <i>Scott</i>	7. Phone number <i>952-882-2660</i>	8. Fax number <i>952-882-2656</i>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <i>10/2/00</i> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Lifetime Fitness</i>	15. Address where business subsidy or financial assistance will be used <i>6550 Loftus Ln W Savage MN 55378</i>
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

NA

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="font-size: 1.2em; font-weight: bold;">\$ 4,300,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="font-size: 1.2em; font-weight: bold;">Oct. 2, 2000</p>						
<p>22. Benefit date (Indicate the date the recipients will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="font-size: 1.2em; font-weight: bold;">Oct. 2, 2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution of property or infrastructure \$ 4.3 M <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 70%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>			Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Ensure completion of Facility and operation thereof for at least five years after the benefit date.

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.)

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	NA	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	NA	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

1-16-02



01-0342

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Saint Paul</u>		2. Name of person completing this form <u>Beth Ulrich</u>		
3. Street address <u>25 W. 4th St. #1400</u>		4. City <u>St. Paul</u>	5. ZIP code <u>55102</u>	
6. County <u>Ramsey</u>	7. Phone number <u>651-266-6689</u>	8. Fax number <u>651-228-3220</u>	9. E-mail address <u>beth.ulrich@ci.stpaul.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number		Street address
				City
				ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/8/99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>J. Ring Glass Studio, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>2408 Territorial Rd., St. Paul, MN 55114</u>		
		Street address	City	State
				ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address		City
				State
				ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) art studio

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>53,355</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;"><u>April 24, 2000</u></p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;"><u>Improvements still in progress.</u></p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>\$53,355</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) building rehabilitation

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5/2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	<u>5</u>	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	<u>1.5</u>	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>2</u>	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	<u>1</u>	_____	_____	_____	\$_____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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 falling to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)*

No *L.H. 9/04/02 see phone*

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

L.H. 9/04/02 see phone

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0317

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Saint Paul		2. Name of person completing this form Beth Ulrich	
3. Street address 25 W. 4th St. #1400		4. City St Paul	5. ZIP code 55102
6. County Ramsey	7. Phone number 651 266 6689	8. Fax number 651 228 3220	9. E-mail address beth.ulrich@ci.stpaul.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>) <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify:</i>) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one</i>) <input checked="" type="checkbox"/> Yes (<i>Indicate hearing date 9/8/99 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>) <input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Buchmeier Agency, Inc	15. Address where business subsidy or financial assistance will be used 1567 W 7th St St Paul MN 55102 Street address City State ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>) <input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

St Paul MN Did not own property
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$63,425.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>May 1, 2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>November, 2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ <u>63,425</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5/1/2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	<u>16</u>	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	<u>12</u>	_____	_____	_____	\$_____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No *L.F.H. 9/102 per phone*

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)* *L.F.H. 9/102 per phone*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of St. Louis Park - EDA		2. Name of person completing this form GREG HUNT	
3. Street address 5005 Minnetonka Blvd.		4. City St. Louis Park	5. ZIP code 55416
6. County Hennepin	7. Phone number 952-924-2197	8. Fax number 952-924-2663	9. E-mail address ghunt@stlouispark.org
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
		City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 10-18-01 - and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance CSM Hospitality, Inc. a Minnesota corporation		15. Address where business subsidy or financial assistance will be used 1400/1450 Zarthan Ave., St. Louis Park, MN 5901 Wayzata Blvd., St. Louis Park, MN 55416	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) Hospitality

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.) Recipient commenced operation of two new hotels at this location.

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) <u>\$2,549,450</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) <u>2-7-2000</u> <u>Amended 8-7-2000</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) <u>9-11-2000</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <u>\$2,549,450</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): Redevelop an area of substandard and economically obsolete buildings.

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within <u>4</u> years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1/2004</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ _____
less than \$7.00	---	---	---	---	\$ _____
\$7.00 to \$8.99	<u>35</u>	---	---	---	\$ _____
\$9.00 to \$10.99	---	---	---	---	\$ _____
\$11.00 to \$12.99	---	---	---	---	\$ _____
\$13.00 to \$14.99	---	---	---	---	\$ _____
\$15.00 and higher	---	---	---	---	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ _____
\$7.00 to \$8.99	<u>13</u>	<u>3</u>	---	---	<u>\$1.51*</u>
\$9.00 to \$10.99	<u>4</u>	<u>6</u>	---	---	<u>\$1.51*</u>
\$11.00 to \$12.99	<u>1</u>	<u>1</u>	---	---	<u>\$1.51*</u>
\$13.00 to \$14.99	<u>1</u>	---	---	---	<u>\$1.51*</u>
\$15.00 and higher	---	---	---	---	<u>\$1.51*</u>

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

Yes No See Supplement attached.

* = Single coverage; benefit increases in the event employee elects single+1 or family coverage.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City: ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED APR 22 2002
Post Marked 4-18-02

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement: for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTEED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

Section 1 Information About Grantor

1. Name of grantor (funding entity) St. Cloud Housing & Redevelopment Authority		2. Name of person completing this form Bruce Thielman	
3. Street address 1225 West St. Germain Street		4. City St. Cloud	5. ZIP code 56301
6. County Stearns	7. Phone number (320) 252-0880	8. Fax number (320) 252-0889	9. E-mail address bthielman@stcloudhra.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
			City
			ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government".)		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify) <u>HRA</u>		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>5/15/00</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - / /) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Eastgate II, LLP,	15. Address where business subsidy or financial assistance will be used <u>425 St. Germain St. E. St. Cloud MN 56304</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	
Street address	
City	
State	
ZIP code	

17. Industry of recipient's facility (Mark one.)	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Other (please specify) <u>office building</u>	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input checked="" type="checkbox"/> No (Go to Question 19.)	
City/State of previous address _____	Reason project not completed at previous address _____
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)	
N/A This is a redevelopment TIF	
<input type="checkbox"/> Remained at previous location	<input type="checkbox"/> Relocated to different Minnesota location
<input type="checkbox"/> Relocated outside Minnesota	

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$306,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 5/24/00
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Jan. 9, 2002	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. <input type="checkbox"/> not applicable, agreement provided financial assistance	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>306,000</u> <input type="checkbox"/> guarantee of 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) _____ \$ _____	<input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and Value of the agreement(s) _____ Grantor Value (\$) _____ Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) redevelopment of blighted area

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.)

	Goals established?	Target attainment date (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1/9/2004</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	<u>2</u>	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	—	—	—	—	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTE.)

<p>33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <i>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.</i></p> <p><input type="checkbox"/> No</p>
<p>Name of recipient _____</p> <p>Type of subsidy or assistance <i>(see questions 24 and 25)</i> _____</p> <p>Value of subsidy or assistance _____</p>
<p>34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i></p> <p><input type="checkbox"/> No <i>Stop here and submit form to DTE.</i></p>
<p>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. <i>(Attach additional pages if necessary.)</i></p> <p>35. Information on recipient and agreement:</p> <p>Name of recipient in default _____</p> <p>Type of subsidy or assistance _____</p> <p>Initial value of subsidy or assistance _____</p> <p>Street address of recipient _____</p> <p>City/ZIP code of recipient _____</p> <p>Outstanding value of subsidy or assistance _____</p>
<p>36. Reasons for default <i>(Mark all that apply):</i></p> <p><input type="checkbox"/> recipient ceased operation</p> <p><input type="checkbox"/> recipient was unable to fill vacant positions</p> <p><input type="checkbox"/> recipient relocated to a different community</p> <p><input type="checkbox"/> other <i>(Specify reason.)</i></p>
<p>37. To date, has the recipient fulfilled its repayment obligation? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, recipient has begun to repay the assistance <input type="checkbox"/> No, recipient has not begun to repay the assistance</p>
<p>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>39. Describe the steps being taken to bring recipient into compliance or repay the subsidy:</p> <p>_____</p> <p>_____</p>

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - MTC
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1990 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED APR 15 2001

Post Marked 4-12-02

Section 1 Information About Grantor

1. Name of grantor (funding entity) Rosemount Port Authority		2. Name of person completing this form Jim Parsons	
3. Street address 2875 145th St. West		4. City Rosemount	5. ZIP code 55068
6. County Dakota	7. Phone number 651-423-4411	8. Fax number 651-423-5203	9. E-mail address jim.parsons@ci.rosemount.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date: <u>4-4-00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _ _ _ _) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Webb Business Promotions	15. Address where business subsidy or financial assistance will be used 15197 Boulder Ave. Rosemount MN 55068
Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Burnsville, MN Business subsidy not available; previous location did not provide adequate area to grow.
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$664,636</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) June 19, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) November 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ <u>98,399</u> <input checked="" type="checkbox"/> Other (Specify subsidy type) _____ \$ <u>561,317</u> <u>Public Improvements</u> <u>Park Dedication Fee</u> <u>4,920</u></p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Increase jobs
Fuller use of existing infrastructure

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>June 20, 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>5</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>4</u>	_____	_____	_____	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0253

TIF-10 (BELGARDE) ROGERS ASSOC.

2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAR 23 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF ROGERS		2. Name of person completing this form GARY EITEL, CITY ADMINISTRATOR	
3. Street address 12913 MAIN STREET		4. City ROGERS	5. ZIP code 55374
6. County HENNEPIN	7. Phone number 763-428-2253	8. Fax number 763-428-4470	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2			
Name/Title		Phone number	Street address
			City
			ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 (Indicate hearing date - 6-13-00 and attach criteria) <input type="checkbox"/> No (SENT IN 2001) <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ROGERS ASSOCIATES LLP 7841 WAYZATA BLVD MINNEAPOLIS, MN 55426		15. Address where business subsidy or financial assistance will be used ROGERS INDUSTRIAL PARK 12999 WILFRED LANE, ROGERS, MN 55374	
		Street address	City
			State
			ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No (STATED IN THE AGREEMENT)			
Name of parent corporation		Street address	City
			State
			ZIP code

17. Industry of recipient's facility (Mark one.): **DISTRIBUTION CENTER**

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) **NEW FACILITY - NOT PREVIOUSLY IN EXISTENCE**

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$1,060,000 MAXIMUM</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>JUNE 13, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Pay-As-You-Go TIF NOTE ISSUED 8-13-01 = BENEFIT DATE</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 1,060,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify) _____
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8-13-03	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	25	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	11	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes
- No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No *L.H. \$3902 per phone*

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)* *L.H. \$3402 per phone*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

ATTN: Ed Hodder

01-0400



2001 Minnesota Business Assistance Form

Original form rec'd 4/1/02 E.F.H.

The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.

The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.

If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED SEP 24 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Rochester		2. Name of person completing this form Terry Spaeth	
3. Street address 201 4th Street SE		4. City Rochester	5. ZIP code 55904-3781
6. County Olmsted	7. Phone number (507) 285-8082	8. Fax number (507) 287-7979	9. E-mail address tspaeth@ci.rochester.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>8-16-99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Mayo Foundation	15. Address where business subsidy or financial assistance will be used 200 1st Street SW Rochester MN 55905
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) Health Care Services

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$290,000,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>1-26-00</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Improvements not yet completed.</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) <u>Health Care Facilities Revenue Bonds</u> \$ <u>290M</u></p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Providing & expanding health care services & facilities at cost-effective rates.

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1-2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

B 9/24/02

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	<u>50</u>	100	_____	_____	\$_____

~~100~~

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	<u>1188</u>	_____	_____	_____	\$_____

1188 as of 3/1/02

B 9/24/02

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

Yes No

B 9/24/02

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance

Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance

36. Reason(s) for default: (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0123

2001 Minnesota Business Assistance Form

RECEIVED ^{plus 2 copies} MAR 20 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>Robbinsdale Economic Development Authority</i>		2. Name of person completing this form <i>Marcia Click, Exec. Director</i>	
3. Street address <i>4100 Lakeside Ave N</i>		4. City <i>Robbinsdale</i>	5. ZIP code <i>55422</i>
6. County <i>Hennepin</i>	7. Phone number <i>763 531 1258</i>	8. Fax number <i>763 531 1291</i>	9. E-mail address <i>metick@ceda.robbinsdale.mn.us</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>10/12/01</i> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 3)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>TMC Stores, Inc.</i>		15. Address where business subsidy or financial assistance will be used <i>4719 42nd Ave N Robbinsdale MN 55422</i>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) RETAIL

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

expansion of existing service. If did relocate, then choice apply.

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 80,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>12/15/2000</u></p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>1st draw \$30,000 12/15/2000</u></p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input checked="" type="checkbox"/> loan (only principal) \$ <u>80,000</u> <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s)</p> <p>_____ Grantor Value (\$): _____</p> <p>_____ Grantor Value (\$): _____</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Business Retention - 5 years

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.)

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) *Space was provided. Tenant moved in owner said building now owner operates similar operations. Loan was repaid in full at closing.*

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	—	—	—	—	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement.

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
TMC Steved Inc	Loan	\$30,000
4719-47nd Ave	Reimburse 55422	Repaid loan in full but 4 yrs left of 5 year period
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply).

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason.) *Recipient did not complete 5 year period as required by loan agreement.*

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 15 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Richfield Housing and Redevelopment Authority		2. Name of person completing this form Katia Medvetski, Redevelopment Specialist	
3. Street address 6700 Portland Avenue South		4. City Richfield	5. ZIP code 55423
6. County Hennepin	7. Phone number 612/861-9776	8. Fax number 612/861-8974	9. E-mail address kmedvetski@ci.richfield.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government (municipal HRA) <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11/15/99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Best Buy Co., Inc.		15. Address where business subsidy or financial assistance will be used Interchange West Area	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.): *corporate headquarters

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade * Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19.) Consolidation of operations; expansion opportunities; accessibility to employment base
Eden Prairie, MN
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$59,923,127</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p>HRA approval on 11/21/00 City Council approval on 12/11/00 Agreement dated 12/18/00</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Projected full benefit date: Year 2004</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 8,073,127 <input type="checkbox"/> guarantee of payment \$ _____ <input checked="" type="checkbox"/> contribution of property or infrastructure \$ 1,850,000 <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <thead> <tr> <th>Grantor</th> <th>Value (\$)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Grantor	Value (\$)				
Grantor	Value (\$)						

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify) Redevelopment
- Job retention
- Also see attached Business Subsidy Criteria
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>*</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

*See Sections (c.) and (e.) of the attached Business Subsidy Agreement.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	<u>150</u>	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	<u>350</u>	_____	\$_____
\$15.00 and higher	_____	_____	<u>500</u>	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	N/A at this time Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient _____ Type of subsidy or assistance *(See Questions 24 and 25.)* _____ Value of subsidy or assistance _____

34 Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default _____ Type of subsidy or assistance _____ Initial value of subsidy or assistance _____

Street address of recipient _____ City/ZIP code of recipient _____ Outstanding value of subsidy or assistance _____

36 Reason(s) for default *(Mark all that apply.)*:

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37 To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39 Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 1 9 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) RED WING PORT AUTHORITY		2. Name of person completing this form STARR KULLMANN	
3. Street address 419 BUSH STREET		4. City RED WING	5. ZIP code 55066
6. County GORDON	7. Phone number (651) 296-3023	8. Fax number (651) 288-4782	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 11/2/00 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TEL PISCO		15. Address where business subsidy or financial assistance will be used 661 W. 1ST	
		Street address	City State ZIP code
		RED WING	MINN. 55066
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>1,250,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>7/01 (July 2001)</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 1,250,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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:) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/03	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$
less than \$7.00	—	—	—	—	\$
\$7.00 to \$8.99	—	—	—	—	\$
\$9.00 to \$10.99	15	—	—	—	\$
\$11.00 to \$12.99	—	—	—	—	\$
\$13.00 to \$14.99	—	—	—	—	\$
\$15.00 and higher	—	—	—	—	\$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$
\$7.00 to \$8.99	—	—	—	—	\$
\$9.00 to \$10.99	—	3	—	—	\$2.50
\$11.00 to \$12.99	2	—	—	—	\$2.50
\$13.00 to \$14.99	—	—	—	—	\$
\$15.00 and higher	20	—	—	—	\$252.35

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

RECEIVED MAR 12 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) • ECONOMIC REDEV. AUTHORITY		2. Name of person completing this form TERRY L. JIMENEZ		
3. Street address 419 1/2 N. Street		4. City ROSEVILLE	5. ZIP code 55068	
6. County COONAPONG	7. Phone number (651) 296-3022	8. Fax number 651-358-4762	9. E-mail address	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input type="checkbox"/> Yes (Indicate hearing date - <u>11/5/01</u> and <u>Sept. 9/21/02</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)				
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ALTA JOURNAL CO. 1000 1/2 N. 1st St.		15. Address where business subsidy or financial assistance will be used 1000 1/2 N. 1st St. ROSEVILLE, MN 55068		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) Handwritten

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19.)

City: _____ State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;"><u>\$143,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p style="text-align: center;"><u>10/13/00</u></p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;"><u>2/1/01</u></p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ <u>100,000</u> <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) <u>MIF</u> \$ <u>43,000</u> </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s)</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/1/2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	5	_____	_____	_____	\$ 112.00 - 4.33
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	2	_____	_____	_____	\$ 85.00 - 4.33
\$13.00 to \$14.99	1	_____	_____	_____	\$ 1
\$15.00 and higher	10	_____	_____	_____	\$ 1

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? <i>(Mark one)</i>		
<input type="checkbox"/> Yes <i>(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.)</i>		
<input checked="" type="checkbox"/> No		
_____ Name of recipient	_____ Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	_____ Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(Complete the remainder of this section)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>		
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. <i>(Attach additional pages if necessary.)</i>		
35. Information on recipient and agreement:		
_____ Name of recipient in default	_____ Type of subsidy or assistance	_____ Initial value of subsidy or assistance
_____ Street address of recipient	_____ City/ZIP code of recipient	_____ 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 <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> 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, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAP 7 8 AMZ

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement, for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF PINE RIVER		2. Name of person completing this form WANDA MONGAN, CLERK	
3. Street address P.O. BOX 87		4. City PINE RIVER	5. ZIP code 56474
6. County CASS	7. Phone number 218-587-2440	8. Fax number 218-587-3335	9. E-mail address allnoing@uslink.net
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>11/14/00</u> <i>attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ULTIMATE LIQUORS	15. Address where business subsidy or financial assistance will be used 200 FRONT ST S PINE RIVER MN 56474 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility *(Mark one.)*

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other *(please specify):* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one.)*

Yes *(Indicate city and state of previous address and reason recipient did not complete this project at that address.)*
 No *(Go to Question 19.)*

PINE RIVER, MN BUILT A NEW FACILITY IN THE SAME TOWN
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one.)*

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate value by type in Questions 24 and 25.)</i> 101,500	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i> 10-24-00
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i> MARCH 5, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please 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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>101,500</u> <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i> _____ \$ _____ PAY AS YOU GO UP TO 25 YEARS	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116I.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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other please specify: _____

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 dates for each goal.)

	Goals established:	Target attainment dates (month & year)	All goals attained:
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3-5-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time Seasonal Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	2	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time Seasonal Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	1	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Time limit has not expired: Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify) reason:* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0227

2001 Minnesota Business Assistance Form

RECEIVED MAR 29 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.003 to §116J.095. Please use a separate form to report each agreement: for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF, and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTEED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAFs is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF PINE RIVER		2. Name of person completing this form WANDA MONGAN, CLERK	
3. Street address P.O. BOX 87		4. City PINE RIVER	5. ZIP code 56474
6. County CASS	7. Phone number 218-587-2440	8. Fax number 218-587-3335	9. E-mail address ALLNOING@USLINK.NET
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name	Title	Phone number	Street address City ZIP code
11. Classification of grantor. <i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>		12. Has your organization held a public hearing and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.095? <i>Mark one.</i>	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other - <i>Please specify:</i> _____		<input checked="" type="checkbox"/> Yes - <i>Indicate hearing date - 11/14, and attach criteria.</i> <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria - <i>Indicate date of initial hearing</i> _____ <input type="checkbox"/> Other - <i>Please attach explanation.</i>	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.095 and §116J.091? <i>Mark one.</i>			
<input checked="" type="checkbox"/> Yes - <i>Complete the remainder of this form.</i> <input type="checkbox"/> No - <i>Sign here, go to section 5 on page 4.</i>			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance PINE RIVER STATE BANK		15. Address where business subsidy or financial assistance will be used 103 MILL ST PINE RIVER MN 56474	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? <i>Mark one.</i>			
<input type="checkbox"/> Yes - <i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i> <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility. *(Mark one)*

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other - *please specify* _____

18. Did the recipient relocate as a result of signing this agreement? *(Mark one)*

Yes. *Indicate city and state of previous address and reason recipient did not complete this project at that address.*
 No. *Go to Question 19.*

PINE RIVER, MN BUILT A LARGER FACILITY IN THE SAME TOWN
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? *(Mark one)*

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance. <i>(Please separate value by type in Questions 24 and 25.)</i></p> <p>205,000</p>	<p>21. Date agreement signed. <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i></p> <p>11/27/00</p>
<p>22. Benefit date. <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property whichever is earlier.)</i></p> <p>JULY 16, 2000</p>	
<p>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></p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> Financial assistance </p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable; agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other. <i>Specify subsidy type.</i> <u>NOTE</u> \$ _____ </p> <p>PAY AS YOU GO TIF 8 YEAR INCREMENT</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable; agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF semi-conditioned district \$ _____ </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district. <i>(Mark one.)</i></p> <p><input type="checkbox"/> not applicable; assistance was not in the form of TIF</p> <p> <input type="checkbox"/> re-development <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes. <i>Specify each grantor and the value of their assistance below, which is additional, if necessary.</i></p> <p><input checked="" type="checkbox"/> No</p> <p>Grantors and value of the agreement(s):</p> <p>Grantor _____ Value (\$): _____</p> <p>Grantor _____ Value (\$): _____</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other *please specify* _____

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 dates for each goal.*

	Goals established?	Target attainment dates (month & year)	All goals attained:
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/0/00</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time Seasonal/Temp. Job Creation	FTE only if goals not stated as FT/PT Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	---
less than \$7.00	---	---	---	---	---
\$7.00 to \$8.99	---	---	---	---	---
\$9.00 to \$10.99	---	---	---	---	---
\$11.00 to \$12.99	<u>3</u>	---	---	---	---
\$13.00 to \$14.99	---	---	---	---	---
\$15.00 and higher	---	---	---	---	---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time Seasonal/Temp. Job Creation	FTE only if unable to separate FT/PT Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	---
\$7.00 to \$8.99	---	---	---	---	---
\$9.00 to \$10.99	---	---	---	---	---
\$11.00 to \$12.99	<u>3</u>	---	---	---	---
\$13.00 to \$14.99	---	---	---	---	---
\$15.00 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:*

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTEED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.093 and §116J.094? *(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.)*

No

Name of recipient	Type of subsidy or assistance (See Questions 21 and 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTEED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default: *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEC
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

RECEIVED MAR 20 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF OWATONNA		2. Name of person completing this form DAVID M. STRAND	
3. Street address 540 WEST HILLS Circle		4. City OWATONNA	5. ZIP code 55060
6. County STEELE	7. Phone number 507.444.43	8. Fax number 507 444-4351	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name: Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 9/2/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance GENERAL EQUIPMENT CO. INC.		15. Address where business subsidy or financial assistance will be used OWATONNA 620 ALEXANDER DR. A MINN. 55060	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

1500 MAIN ST.
 OWATONNA EXISTING SITE NOT CONDUCTING TO EXPANSION

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20 Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$211,065</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>10/25/00</p>								
<p>22 Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Oct. 31, 2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p> <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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$211,065 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>								
<p>26 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/31/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>4</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>0</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0175

RECEIVED MAR 2 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Oakdale		2. Name of person completing this form Richard McNamara	
3. Street address 1584 Hadley Avenue North		4. City Oakdale	5. ZIP code 55128
6. County Washington	7. Phone number (651) 730-2809	8. Fax number (651) 730-2818	9. E-mail address rich@ci.oakdale.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Same			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date <u>4/25/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

66 jobs at minimum of \$7.20/an hr Also see attached.

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance CSM Investors, Inc.		15. Address where business subsidy or financial assistance will be used 3350, 3400 Granada Ave., Oakdale, MN 55128	
Street address		City	
State		ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) 6744, 6866 33rd St. N., Oakdale, MN 55128 <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No CSM Corporation 2575 University Ave. W., Ste. 150, St. Paul, MN Name of parent corporation Street address City State ZIP code 55114			

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) **New Company/Construction**

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$54,000 annually for 8 years</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>5/1/00</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 8/1/01</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ 54,000 <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §16J.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
 Creating high-quality job growth
 Job retention
 Stabilizing the community

Increasing tax base (cannot be only purpose)
 Other (please specify): _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.03	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	66	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	403*	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No

* Minimum wage goals may be higher on individual basis.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply):

recipient ceased operation. recipient relocated to a different community

recipient was unable to fill vacant positions. other (Specify reasons) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 1 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>City of Oak Grove</u>		2. Name of person completing this form <u>Janice Olsen, City Administrator</u>	
3. Street address <u>19990 Nightingale Street N.W.</u>		4. City <u>Cedar</u>	5. ZIP code <u>55011</u>
6. County <u>Anoka</u>	7. Phone number <u>763-753-1920</u>	8. Fax number <u>763-753-6271</u>	9. E-mail address <u>jolsen.ci.oak-grove.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)	
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - <u>1/10/00</u> and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)			
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Stock Building Supply</u>		15. Address where business subsidy or financial assistance will be used <u>1936 Tamarack St. NW Cedar, MN 55011</u> Street address City State ZIP code	
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)			
<input checked="" type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input type="checkbox"/> No			
<u>Carolina Holdings, Inc.</u> Name of parent corporation		<u>Brand Rd. Raleigh, NC</u> Street address City State ZIP code	

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/1/01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u>0</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>0</u>	_____	_____	<u>2</u>	\$ <u>N/A</u>
\$9.00 to \$10.99	<u>18</u>	_____	_____	<u>12</u>	\$ <u>N/A</u>
\$11.00 to \$12.99	<u>9</u>	_____	_____	<u>10</u>	\$ <u>N/A</u>
\$13.00 to \$14.99	<u>15</u>	<u>0</u>	_____	<u>21</u>	\$ <u>N/A</u>
\$15.00 and higher	<u>41</u>	_____	_____	<u>27</u>	\$ <u>N/A</u>

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

<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? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0395

RECEIVED APR 4 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUTELBERG	
3. Street address 6408 ELM STREET		4. City NORTH BRANCH	5. ZIP code 55056
6. County CHISAGO	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail address DAVIDS@NORTH-BRANCH.COM
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 8/23/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance PETERSONS NORTH BRANCH MILL		15. Address where business subsidy or financial assistance will be used 638 BRANCH ST. NORTH BRANCH, MN 55056	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 83,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>July 17, 2000</u></p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>2001</u></p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement <u>\$ 83,000</u> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p><u>Chisago County</u> <u>\$ 167,000</u> Grantor Value (\$) _____ Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) JOB CREATION
contaminated site
cleanup

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>July 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	<u>10</u>	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	<u>10</u>	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0396

RECEIVED AFR 4 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUTELBERG	
3. Street address 6408 ELM STREET		4. City NORTH BRANCH	5. ZIP code 55056
6. County CHISAGO	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail address DAVIDS@NORTH-BRANCH.COM
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 8/23/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance G&K DEVELOPMENT		15. Address where business subsidy or financial assistance will be used PO BOX 454, NORTH BRANCH, MN. 55056	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 185,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>12/28/2000</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>12/28/2000</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ <u>185,000</u></p> <p><u>Assessments for street & utilities paid by TIF</u></p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	<u>20</u>	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	<u>41</u>	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations*(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)*

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.)*:

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0398



2001 Minnesota Business Assistance Form

RECEIVED APR 4 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAVID STUTELBERG		
3. Street address 6408 ELM STREET		4. City NORTH BRANCH	5. ZIP code 55056	
6. County CHISAGO	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail address DAVIDS@NORTH-BRANCH.COM	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 8/23/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance HBSL, LLC		15. Address where business subsidy or financial assistance will be used GRAND Avenue, North Branch, MN. 55056		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Cambridge, MN could not receive a business subsidy from them.
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$ 29,000</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>11/21/2000</u></p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>Building is still not occupied</u></p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ <u>29,000</u> <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1161.994 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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Job creation

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>11/01/2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	<u>7</u>	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	<u>0</u>	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 29 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of New Ulm		2. Name of person completing this form David Schnobrich	
3. Street address 100 North Broadway P.O. Box 636		4. City New Ulm	5. ZIP code 56073-0636
6. County Brown	7. Phone number (507) 359-8245	8. Fax number (507) 359-9752	9. E-mail address d.schnobrich@ci.new-ulm.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address
			City
			ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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.) 10/3/2000 & 10/17/2000 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance New Ulm Economic Development Corporation		15. Address where business subsidy or financial assistance will be used 2101 North Broadway/New Ulm, MN 56073	
		Street address	City
			State
			ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
			State
			ZIP code

*See Attachment A for further information on this project.

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

N/A

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$350,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>November 29, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>August 10, 2001</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$350,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify) (see back of page)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>12</u>	<u>-</u>	<u>12</u>	<u>-</u>	\$ <u>-</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	\$ <u>-</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

ATTACHMENT A

PROJECT DESCRIPTION

The City of New Ulm established a tax increment financing district to assist the New Ulm Economic Development Corporation (NUEDC) with the construction of a new manufacturing facility. NUEDC, a non-profit entity, has entered into a lease agreement with MTS Systems Corporation (MTS) to occupy the building. The lease agreement requires MTS to comply with the job creation goals identified in this report and the project Development Agreement.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient Type of subsidy or assistance *(See Questions 24 and 25.)* Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance

Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0390



2001 Minnesota Business Assistance Form

RECEIVED APR 3 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Mt Lake Economic Development Authority</u>		2. Name of person completing this form <u>Marva Ott</u>	
3. Street address <u>930 3rd Ave</u>		4. City <u>Mt Lake</u>	5. ZIP code <u>56159</u>
6. County <u>Cottonwood</u>	7. Phone number <u>507-427-2999</u>	8. Fax number <u>507-427-3327</u>	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1-18-2000</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Protient, Inc</u>		15. Address where business subsidy or financial assistance will be used <u>2204 3rd Ave E. Mt. Lake, Mn 56159</u>	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	
		City	
		State	
		ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$ 300,000.00

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
6-1-2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)
6-15-2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

not applicable, agreement provided financial assistance

loan (only principal) \$ 300,000.00
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ _____
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ _____
 other (Specify subsidy type.) \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

not applicable, agreement provided a business subsidy

assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

Grantor	Value (\$)
Grantor	Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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 attachments/dates for each goal.)

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (including benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals set noted as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	_____
less than \$7.00	_____	_____	_____	_____	_____
\$7.00 to \$9.99	_____	_____	_____	_____	_____
\$9.00 to \$10.99	<u>3</u>	_____	_____	_____	<u>2.75</u>
\$11.00 to \$12.99	<u>16</u>	_____	_____	_____	<u>2.75</u>
\$13.00 to \$14.99	<u>2</u>	_____	_____	_____	<u>2.75</u>
\$15.00 and higher	<u>9</u>	_____	_____	_____	<u>2.75</u>

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Total 31 employees to be hired/created/retained

Hourly Wage (including benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	_____
\$7.00 to \$9.99	_____	_____	_____	_____	_____
\$9.00 to \$10.99	<u>4</u>	_____	_____	_____	<u>2.91</u>
\$11.00 to \$12.99	<u>8</u>	_____	_____	_____	<u>2.71</u>
\$13.00 to \$14.99	<u>8</u>	<u>2</u>	_____	_____	<u>2.91</u>
\$15.00 and higher	<u>9</u>	_____	_____	_____	<u>2.91</u>

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

Yes No

RECEIVED MAR 13 2002



2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF, and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Mound HRA		2. Name of person completing this form Gino Businaro		
3. Street address 5341 Maywood Road		4. City Mound	5. ZIP code 55364	
6. County Hennepin	7. Phone number 952-472-0608	8. Fax number 952-472-0620	9. E-mail address GinoBusinaro@cityofmound.com	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. N/A				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/14/99</u> ^{841 829/02 per phone} and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation) _____		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance MetroPlains Development LLC		15. Address where business subsidy or financial assistance will be used Suite 212 <u>Spruce Tree Centre, St. Paul, MN.</u> 55104 Street address City State ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation:		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19)

 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">1,800,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p style="text-align: center;">Dec. 12, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Anticipated improvements finished 12/31/02</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral <i>A.T.H. \$1,800,000</i> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s). N/A</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) promote redevelopment generate spin-off development and redevelopment

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 dates) for each goal.)

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Dec. 2005</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

} E.H. 8/29/02
see phone

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	1	---	\$---
less than \$7.00	---	---	125% of Federal Minimum wage	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

N/A at this time

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

Yes No E.H. 8/29/02

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default: *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0094

RECEIVED MAR 13 2002

2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Mound HRA		2. Name of person completing this form Gino Businaro			
3. Street address 5341 Maywood Road		4. City Mound	5. ZIP code 55364		
6. County Hennepin	7. Phone number 952-472-0608	8. Fax number 952-472-0620	9. E-mail address GinoBusinaro@cityofmound.com		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. N/A					
Name/Title		Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date: <u>12/14/00</u> attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing: _____) <input type="checkbox"/> Other (Please attach explanation) _____			
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
<input type="checkbox"/> Yes (Complete the remainder of the form.) <input checked="" type="checkbox"/> No (Stop here, go to section 5 on page 4.)					

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance RayMar Properties, Inc.		15. Address where business subsidy or financial assistance will be used 2250 Commerce Blvd. Mound, Mn. 55364			
		Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)					
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No					
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify): _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address: _____ Reason project not completed at previous address: _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$250,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">July 11, 2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property whichever is earlier.)</p> <p style="text-align: center;">December 1, 2000</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral 94.1% \$ 250,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s) N/A</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment: <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	_____	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
_____	_____								
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): promote redevelopment generate spin-off development and redevelopment

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 dates) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>March 2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Dec. 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	<u>.50</u>	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	—	—	—	—	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25)</i>	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 28 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Loretta Szveduik	
3. Street address 500 Center Avenue		4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218-299-5375	8. Fax number 218-299-5399	9. E-mail address loretta.szveduik@ci.moorhead.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8-23-99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance State Bank of Hawley		15. Address where business subsidy or financial assistance will be used 3004 14th St S, Moorhead MN 56560	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 42,600</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>10/02</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>November, 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ Border City Development Zone \$ 42,600 </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9-1-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	1	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	—	—	—	—	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	1	—	—	—	\$ 4.33

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)
- No

_____	_____	_____
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

- Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

_____	_____	_____
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

_____	_____	_____
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply):

- recipient ceased operation recipient relocated to a different community
- recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

- Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

- Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0204

2001 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Moorhead		2. Name of person completing this form Loretta Szweđuik		
3. Street address 500 Center Avenue		4. City Moorhead	5. ZIP code 56560	
6. County Clay	7. Phone number 218-299-5375	8. Fax number 218-299-5399	9. E-mail address loretta.szweđuik@ci.moorhead.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city FDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 8-23-99 and attach criteria</i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance United Structural Components, L/C		15. Address where business subsidy or financial assistance will be used 4141 30th Ave S, Moorhead MN 56560		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)				
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

N/A

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$139,400</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>12-22-00</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>1-10-01</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ Border City Development Zone \$139,400</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost: \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> Not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9-1-02	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Q7 H 7/24/02

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	20	20	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	—	—	—	—	\$ —
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	—	—	—	—	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	6	47	—	6	\$ 0
\$9.00 to \$10.99	7	—	—	7	\$ 45
\$11.00 to \$12.99	8	—	—	8	\$ 80
\$13.00 to \$14.99	4	—	—	4	\$ 51
\$15.00 and higher	13	—	—	11	\$ 03

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient Type of subsidy or assistance *(See Questions 24 and 25.)* Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)* *Q.T.N. 712402*

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 on recipient and agreement:

Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance

Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) MONTICELLO ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form OLLIE KOROPCHAK	
3. Street address 505 WALNUT STREET, SUITE 1		4. City MONTICELLO	5. ZIP code 55362
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail address ollie.koropchak@ci.monticello.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify.) <u>MONTICELLO EDA</u>		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>8/31/00</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" type="checkbox"/> Other (Please attach explanation.) <u>AMENDED 11/8/00</u>	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TWIN CITY DIE CASTINGS COMPANY	15. Address where business subsidy or financial assistance will be used 520 CHELSEA RD E MONTICELLO, MN 55362
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one).

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$100,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p>June 8, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) June 8, 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) <u>equipment</u> \$ <u>100,000</u></p> <p><input type="checkbox"/> grant (i.e., forgivable loan) \$ _____</p> <p><input type="checkbox"/> tax abatement \$ _____</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral \$ _____</p> <p><input type="checkbox"/> guarantee of payment \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities \$ _____</p> <p><input type="checkbox"/> land contribution \$ _____</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement \$ _____</p> <p><input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p> <u>MONTICELLO HRA</u> <u>\$225,000 TIF</u></p> <p>Grantor Value (\$)</p> <p> <u>City of Monticello</u> <u>\$500,000 Equipment Loan</u></p> <p>Grantor Value (\$)</p> <p> <u>City of Monticello</u> <u>\$ 40,000 REDUCTION OF Trunk Fees</u></p>

Section 4 Goals and Public Purpose Identified in the Agreement

25. Minn. Stat. § 16J 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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sept. 1, 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
AT LEAST \$8.50	<u>71</u>	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
AT LEAST \$12.00	<u>14</u>	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
AT LEAST \$8.50	<u>25</u>	_____	_____	_____	\$ <u>.92/Hr</u>
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
AT LEAST \$12.00	<u>28</u>	_____	_____	_____	\$ <u>.92/Hr</u>
XXXXXXXXXX	_____	_____	_____	_____	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF MONTICELLO		2. Name of person completing this form OLLIE KOROPCHAK		
3. Street address 505 WALNUT STREET, SHITE 1		4. City MONTICELLO	5. ZIP code 55362	
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail address ollie.koropchak@ci.monticellomn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>9/13/99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TWIN CITY DIE CASTINGS COMPANY		15. Address where business subsidy or financial assistance will be used 520 CHELSEA ROAD MONTICELLO 55362 Street address City State ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$500,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>June 8, 2000</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>August 7, 2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) <i>equipment</i> \$500,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> Not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>HRA \$225,000 TIF</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>EDA</td> <td>\$100,000 Equipment Loan</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)	EDA	\$100,000 Equipment Loan	Grantor	Value (\$)
Grantor	Value (\$)						
EDA	\$100,000 Equipment Loan						
Grantor	Value (\$)						

CITY \$40,000 REDUCTION OF TRUNK FEES

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §16J.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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sept. 1, 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX AT LEAST \$8.50	<u>71</u>	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX AT LEAST \$12.00	<u>14</u>	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX AT LEAST \$8.50	<u>25</u>	_____	_____	_____	\$ <u>9.2/Hr</u>
XXXXXXXXXX	_____	_____	_____	_____	\$ _____
XXXXXXXXXX AT Least \$12.00	<u>28</u>	_____	_____	_____	\$ <u>9.2/Hr</u>
XXXXXXXXXX	_____	_____	_____	_____	\$ _____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient _____ Type of subsidy or assistance (See Questions 24 and 25.) _____ Value of subsidy or assistance _____

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default _____ Type of subsidy or assistance _____ Initial value of subsidy or assistance _____

Street address of recipient _____ City/ZIP code of recipient _____ Outstanding value of subsidy or assistance _____

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 20 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Montevideo Community Development Corp.</u>		2. Name of person completing this form <u>Scott Marquardt</u>			
3. Street address <u>103 Canton Ave., P.O. Box 676</u>		4. City <u>Montevideo</u>	5. ZIP code <u>56265</u>		
6. County <u>Chippewa</u>	7. Phone number <u>(320) 269-6575</u>	8. Fax number <u>(320) 269-9340</u>	9. E-mail address <u>eda@montevideo.mn.org</u>		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.					
Name/Title		Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input checked="" type="checkbox"/> Other (Please specify.) <u>501(C)(4)</u>		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <u>10-4-99</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)			
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)					

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Micro-Dynamics Corporation</u>		15. Address where business subsidy or financial assistance will be used <u>1633 9th St. No., Montevideo, MN 56265</u>			
		Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)					
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No					
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 150,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>2-07-2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>2-7-2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 150,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s): Montevideo Industrial Development Corp. \$ 150,000 _____ Grantor Value (\$) _____ Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12-31-01</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>March 2000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	<u>20</u>	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
<u>7.25</u> \$7.00 to \$8.99	_____	_____	_____	_____	\$_____
<u>+</u> \$9.00 to \$10.99	_____	_____	_____	_____	\$ <u>1.60</u>
<u>13.65</u> \$11.00 to \$12.99	<u>10</u>	_____	_____	<u>10</u>	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes No

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.):</i>				
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Service		<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Retail Trade		<input checked="" type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Construction <input type="checkbox"/> Other <i>(please specify)</i>
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address)</i>				
* No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one)</i>				
<input type="checkbox"/> Remained at previous location				
<input type="checkbox"/> Relocated to different Minnesota location				
<input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$470,000	OCTOBER, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
JANUARY, 2001	
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>	
* business subsidy	<input type="checkbox"/> financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
* loan	<input type="checkbox"/> assistance for property polluted by contaminants
<input type="checkbox"/> grant (i.e., forgivable loan)	<input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
<input type="checkbox"/> tax abatement	<input type="checkbox"/> assistance for pollution control or abatement
<input type="checkbox"/> TIF or other tax reduction or deferral	<input type="checkbox"/> assistance for a TIF soils condition district
<input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
* not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>
<input type="checkbox"/> redevelopment	* No
<input type="checkbox"/> renewal and renovation	Grantor(s) and value of the agreement(s)
<input type="checkbox"/> soils condition	
<input type="checkbox"/> economic development	_____ Value (\$)
<input type="checkbox"/> mined underground space	Grantor _____ Value (\$)
<input type="checkbox"/> hazardous substance subdistrict	_____ Value (\$)

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
- * Creating high-quality job growth
- Job retention
- Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years * Yes <input type="checkbox"/> No <input type="checkbox"/>	JUNE 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

8-11-02 82402

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	4	---	---	---	\$2.00
\$11.00 to \$12.99	6	---	---	---	\$2.00
\$13.00 to \$14.99	8	---	---	---	\$2.00
\$15.00 and higher	9	---	---	---	\$2.00

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	6	---	---	---	\$1.18
\$9.00 to \$10.99	7	---	---	---	\$1.18
\$11.00 to \$12.99	8	---	---	---	\$1.18
\$13.00 to \$14.99	4	---	---	---	\$1.18
\$15.00 and higher	12	---	---	---	\$1.18

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

- Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one):

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0701

01-1049

RECEIVED MAY 30 2001

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		* Yes (Indicate hearing date - 9-24-99- and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TRACY MINNTRONIX, CORP	15. Address where business subsidy or financial assistance will be used 1045CRAIG AVE TRACY MN 56175 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (Mark one):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 (please specify)				
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)				
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)				
City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$150,000	MARCH 29, 2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)	
MARCH 29, 2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)	
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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.)	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify): _____
- Job retention
- Stabilizing the community

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.)

	Goals established? * Yes <input type="checkbox"/> No <input type="checkbox"/>	Target attainment dates (month & year) <u>DECEMBER 2002</u>	All goals attained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>DECEMBER 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

27th 02-10-02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	28	_____	_____	_____	\$35
\$9.00 to \$10.99	3	_____	_____	_____	\$35
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$35

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	6	_____	\$ _____
\$7.00 to \$8.99	_____	_____	4	20	\$70
\$9.00 to \$10.99	_____	_____	4	5	\$70
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	2	_____	\$ _____
\$15.00 and higher	_____	_____	3	4	\$70

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

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)		
<input type="checkbox"/> Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)		
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 on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<input type="checkbox"/> recipient ceased operation	<input type="checkbox"/> recipient relocated to a different community	<input type="checkbox"/> other (Specify reason) _____
<input type="checkbox"/> recipient was unable to fill vacant positions		
37. To date, has the recipient fulfilled its repayment obligation? (Mark one)		
<input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one)		
<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, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0702

01-0702

RECEIVED MAY 3 0 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS																																					
3. Street address 500 METRO SQ., 121 7TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101																																				
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.mn.us																																				
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.																																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name/Title</th> <th style="width: 15%;">Phone number</th> <th style="width: 30%;">Street address</th> <th style="width: 15%;">City</th> <th style="width: 20%;">ZIP code</th> </tr> </thead> <tbody> <tr> <td colspan="5">11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____ </td> </tr> <tr> <td colspan="5">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.)</td> </tr> <tr> <td colspan="5"> <input checked="" type="checkbox"/> Yes (Indicate hearing date - 9-24-99 - and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) </td> </tr> <tr> <td colspan="5">13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)</td> </tr> <tr> <td colspan="5"> <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.) </td> </tr> </tbody> </table>					Name/Title	Phone number	Street address	City	ZIP code	11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 9-24-99 - and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)					13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)					<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				
Name/Title	Phone number	Street address	City	ZIP code																																			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 9-24-99 - and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)																																							
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)																																							
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)																																							

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance BEDFORD TECHNOLOGY, I.LC		15. Address where business subsidy or financial assistance will be used		
		2424 ARMOUR BLVD Street address	WORTHINGTON City	MN 56187 ZIP code
16. Does the recipient have a parent corporation? (Mark one)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one):</i>				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade		<input type="checkbox"/> Service <input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other <i>(please specify)</i>
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$199,000	JULY 7, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
FEBRUARY 14, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>DECEMBER 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. H. 8/24/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	20	_____	_____	_____	\$1.50
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	1	_____	_____	_____	\$1.50
\$9.00 to \$10.99	2	_____	_____	_____	\$1.50
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes
- * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.).

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one)

Yes No, recipient has begun to repay the assistance 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

51-1022

RECEIVED MAY 9 11 00 AM '01

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5257	9. E-mail address <u>bart.bevins@state.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City ZIP code	
11. Classification of grantor <i>(Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")</i> <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other <i>(Please specify:)</i> _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? <i>(Mark one.)</i> <i>* Yes (Indicate hearing date - 9-24-99- and attach criteria)</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria <i>(Indicate date of initial hearing - ____ / ____ / ____)</i> <input type="checkbox"/> Other <i>(Please attach explanation.)</i>	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? <i>(Mark one.)</i> <i>* Yes (Complete the remainder of the form.)</i> <input type="checkbox"/> No <i>(Stop here, go to section 5 on page 4.)</i>			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance HARFEL, L.L.C	15. Address where business subsidy or financial assistance will be used 410 WEST ANOKA ST DULUTH MN 55803 Street address City ZIP code
16. Does the recipient have a parent corporation? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)</i> <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i> : <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i> <input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> * No <i>(Go to Question 19.)</i> City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i> <input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i> \$200,000	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i> SEPTEMBER 19, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i> OCTOBER 31, 2001	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided financial assistance * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type)</i>	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). * not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i> * not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i> * Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor Value (\$) CITY OF DULUTH \$100,000 Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

27. H. 8/2/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ _____
less than \$7.00	---	---	---	---	\$ _____
\$7.00 to \$8.99	---	---	---	---	\$ _____
\$9.00 to \$10.99	---	---	---	---	\$ _____
\$11.00 to \$12.99	---	---	---	---	\$ _____
\$13.00 to \$14.99	10	---	---	---	\$ _____
\$15.00 and higher	---	---	---	---	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ _____
\$7.00 to \$8.99	---	---	---	---	\$ _____
\$9.00 to \$10.99	---	---	---	---	\$ _____
\$11.00 to \$12.99	---	---	---	---	\$ _____
\$13.00 to \$14.99	---	---	---	---	\$ _____
\$15.00 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)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

01-0704

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 30 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <u>bart.bevins@state.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify): _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 9.24.99- and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance DYCAST SPECIALITIES CORP	15. Address where business subsidy or financial assistance will be used 29468 STATE HWY 28 STARBUCK MN 56381 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i> :				
<input type="checkbox"/> * Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> * No <i>(Go to Question 19.)</i>				
_____ City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$100,000	FEBRUARY 29, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
MAY 3, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type)</i>	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> * not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> * No Grantor(s) and value of the agreement(s) Grantor Value (\$)
	Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	JUNE 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

27. H. 812402

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$
\$7.00 to \$8.99	---	---	30	---	\$
\$9.00 to \$10.99	---	---	---	---	\$
\$11.00 to \$12.99	---	---	---	---	\$
\$13.00 to \$14.99	---	---	---	---	\$
\$15.00 and higher	---	---	---	---	\$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	16	---	\$1.29
\$9.00 to \$10.99	---	---	2	---	\$1.29
\$11.00 to \$12.99	---	---	1	---	\$1.29
\$13.00 to \$14.99	---	---	1	---	\$1.29
\$15.00 and higher	---	---	1	---	\$1.29

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.).

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0668

01-664

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) MN AG & ECON DEVELOPMENT BOARD		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL.	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify:) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 3-12-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <i>E.T.A. 8/20/02</i> <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance FAIRVIEW HEALTH SERVICES	15. Address where business subsidy or financial assistance will be used 2450 RIVERSIDE AVE., MINNEAPOLIS, MN 55454 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

2001 Minnesota Business Assistance Form

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i>				
<input type="checkbox"/> Manufacturing	<input checked="" 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 <i>(please specify)</i>	
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i>				
* No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
* Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$180,315,000 CONDUIT BOND ISSUE	APRIL 15, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
MAY 2003	
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>	
* business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance	<input type="checkbox"/> not applicable, agreement provided a business subsidy
<input type="checkbox"/> loan	<input type="checkbox"/> assistance for property polluted by contaminants
<input type="checkbox"/> grant (i.e., forgivable loan)	<input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost
<input type="checkbox"/> tax abatement	<input type="checkbox"/> assistance for pollution control or abatement
<input type="checkbox"/> TIF or other tax reduction or deferral	<input type="checkbox"/> assistance for a TIF soils condition district
<input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i> CONDUIT BOND ISSUE	
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
* not applicable, assistance was not in the form of TIF	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i>
<input type="checkbox"/> redevelopment	* No
<input type="checkbox"/> renewal and renovation	Grantor(s) and value of the agreement(s):
<input type="checkbox"/> soils condition	_____
<input type="checkbox"/> economic development	Grantor _____ Value (\$) _____
<input type="checkbox"/> mined underground space	Grantor _____ Value (\$) _____
<input type="checkbox"/> hazardous substance subdistrict	

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 (cannot be only purpose)
- Creating high-quality job growth
- * Other (please specify) PROVIDE AND EXPAND HEALTH CARE SERVICES
- Job retention
- Stabilizing the community

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 dates) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>May 2005</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.1.11.8/20/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	100	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	46	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply):

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0669

01-0669

RECEIVED MAY 30 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (Rural Job Creation Program)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance GOLD'N PLUMP POULTRY	15. Address where business subsidy or financial assistance will be used 14244 EAST HWY 24, COLD SPRING MN 56320 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one)</i> :				
<input checked="" 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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$71,000	June 30, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
June 30, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i> CONDUIT BOND ISSUE	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) PROVIDE AND EXPAND HEALTH CARE SERVICES

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.)

	Goals established?	Target attainment dates (month & year)	^{Q. 1. 4. 8/20/02} All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>June 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>35</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>7</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>30</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>13</u>	_____	_____	_____	\$ _____

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)		
<input type="checkbox"/> Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)		
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 on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<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 (Specify reason) _____	
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)		
<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, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0675

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1. DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL.	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify:) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance EUROPEAN ROASTERIE, INC.	15. Address where business subsidy or financial assistance will be used 250 W. BRADSHAW, LE CENTER MN 56057 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

RECEIVED MAY 10 2001

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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 dates) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8.7.11 8/2/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	15	_____	_____	_____	\$ _____
\$11.00 to \$12.99	8	_____	_____	_____	\$ _____
\$13.00 to \$14.99	3	_____	_____	_____	\$ _____
\$15.00 and higher	4	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	15	_____	_____	_____	\$1.02
\$11.00 to \$12.99	5	_____	_____	_____	\$1.02
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	1	_____	_____	_____	\$1.65

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

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0689

31-0750

RECEIVED MAY 30 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLAC. EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@i-state.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance REGAL MACHINE	15. Address where business subsidy or financial assistance will be used 5103 273 RD ST WYOMING MN 55092 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (Mark one):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 (please specify)				
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)				
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)
\$120,000	DECEMBER 26, 2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)	
DECEMBER 26, 2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)	
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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.)	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input type="checkbox"/> No
	Grantor(s) and value of the agreement(s)
	CITY OF WYOMING \$450,000 Grantor Value (\$)
	_____ Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other *(please specify)*

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.)*

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

e.g. 11/02/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ ____
less than \$7.00	---	---	---	---	\$ ____
\$7.00 to \$8.99	---	---	---	---	\$ ____
\$9.00 to \$10.99	---	---	---	---	\$ ____
\$11.00 to \$12.99	12	---	---	---	\$4.80
\$13.00 to \$14.99	---	---	---	---	\$ ____
\$15.00 and higher	---	---	---	---	\$ ____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ ____
\$7.00 to \$8.99	---	---	---	---	\$ ____
\$9.00 to \$10.99	---	---	---	---	\$ ____
\$11.00 to \$12.99	---	---	---	---	\$ ____
\$13.00 to \$14.99	---	---	---	---	\$ ____
\$15.00 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.)*

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply).

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one)

Yes No, recipient has begun to repay the assistance. 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? (Mark one)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001. to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0693

RECEIVED MAY 30 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government".)		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		* Yes (Indicate hearing date 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
* Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance AAF - MC QUAY, INC.	15. Address where business subsidy or financial assistance will be used OWATONNA MN 55060 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input type="checkbox"/> No <i>(Go to Question 19.)</i>				
<u>SCOTTSBORO, ALABAMA</u> <u>CLOSED PLANT</u>				
City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>						
\$500,000	OCTOBER 27, 2000						
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>							
DECEMBER 31, 2000							
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance							
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).						
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>						
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No						
	Grantor(s) and value of the agreement(s)						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Grantor</td> <td style="width: 50%; border: none;">Value (\$)</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Grantor</td> <td style="border: none;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)
Grantor	Value (\$)						
_____	_____						
Grantor	Value (\$)						

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 (cannot be only purpose)
- * Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>DECEMBER 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

2.7 H. 8/24/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	125	—	—	—	\$3.00
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	—	—	—	—	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	38	—	—	—	\$4.34
\$13.00 to \$14.99	128	—	—	—	\$4.91
\$15.00 and higher	50	—	—	—	\$6.00

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one) Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

* No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* * No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39 Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0677

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 30 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government."</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify.</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 7-27-00 and <u>attach criteria</u></i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance VOYAGER SUPPLY & FABRICATION	15. Address where business subsidy or financial assistance will be used 803 CENTRAL AVE N. BRANDON MN 56315 Street address City ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)	
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.):</i>				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$90,000	DECEMBER 8, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
JUNE, 2001	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community

Increasing tax base (cannot be only purpose)
 Other (please specify)

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years * Yes <input type="checkbox"/> No	JUNE 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

27. A. 8/2/02

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	— —	— —	— —	— —	\$ —
less than \$7.00	— —	— —	— —	— —	\$ —
\$7.00 to \$8.99	— —	— —	— —	— —	\$ —
\$9.00 to \$10.99	13	— —	— —	— —	\$.75
\$11.00 to \$12.99	2	— —	— —	— —	\$.75
\$13.00 to \$14.99	— —	— —	— —	— —	\$ —
\$15.00 and higher	— —	— —	— —	— —	\$ —

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	— —	— —	— —	— —	\$ —
\$7.00 to \$8.99	9	— —	— —	— —	\$.75
\$9.00 to \$10.99	5	— —	— —	— —	\$.75
\$11.00 to \$12.99	1	— —	— —	— —	\$.75
\$13.00 to \$14.99	— —	— —	— —	— —	\$ —
\$15.00 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.)

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i> :				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
_____ City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$285,000	JUNE 27, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
DECEMBER 31, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s)
<input checked="" type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <i>Q.A.M. - 8/21/02</i> <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor Value (\$) RED WING PORT AUTHORITY \$ 150,000 _____ Grantor Value (\$)

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify)

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.)

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <u>DECEMBER 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>P.Y.H. 02/102</i>
B) Other job-creation and/or retention goals	* Yes <input type="checkbox"/> No <u>DECEMBER 2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	--	--	--	--	\$ --
less than \$7.00	--	--	--	--	\$ --
\$7.00 to \$8.99	--	--	--	--	\$ --
\$9.00 to \$10.99	4	--	--	--	\$2.00
\$11.00 to \$12.99	3	--	--	--	\$2.45
\$13.00 to \$14.99	8	--	--	42	\$2.96
\$15.00 and higher	--	--	--	--	\$ --

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	--	--	--	--	\$ --
\$7.00 to \$8.99	--	--	--	--	\$ --
\$9.00 to \$10.99	2	--	--	--	\$2.00
\$11.00 to \$12.99	3	--	--	--	\$2.45
\$13.00 to \$14.99	1	--	--	--	\$ --
\$15.00 and higher	7	--	--	42	\$2.76

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)
 Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)		
<input type="checkbox"/> Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)		
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 on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply):		
<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 (Specify reason.) _____	
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)		
<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, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0697

RECEIVED MAY 30 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
* Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance ALEXANDRIA EXTRUSION	15. Address where business subsidy or financial assistance will be used 401 CO. ROAD 22 NW ALEXANDRIA MN 56308 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (Mark one.):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 (please specify)				
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)				
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)				
City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$100,000	APRIL 16, 2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)	
MAY 1, 2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one)	
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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.)	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$)
	Grantor _____ Value (\$)

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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 dates) for each goal.)

	Goals established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Target attainment dates (month & year)	All goals attained? <input type="checkbox"/> Yes <input type="checkbox"/> No
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8/21/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$
less than \$7.00	2	—	—	—	\$5.19
\$7.00 to \$8.99	5	—	—	—	\$5.19
\$9.00 to \$10.99	16	—	—	—	\$5.19
\$11.00 to \$12.99	4	—	—	—	\$5.19
\$13.00 to \$14.99	—	—	—	—	\$
\$15.00 and higher	3	—	—	—	\$5.19

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$
\$7.00 to \$8.99	2	—	—	—	\$2.00
\$9.00 to \$10.99	10	—	—	—	\$2.00
\$11.00 to \$12.99	—	—	—	—	\$
\$13.00 to \$14.99	—	—	—	—	\$
\$15.00 and higher	2	—	—	—	\$2.00

32. Has the recipient achieved all goals (see Questions 29, 30) and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.)
 Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

01-0698

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 20 2001

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address bart.bevins@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 3 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance LAREX, INC.	15. Address where business subsidy or financial assistance will be used 1101 NW 3 RD ST COLLASSET MN 55721 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i>				
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$175,000	JULY 18, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
SEPTEMBER 11, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type)</i>	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years * Yes <input type="checkbox"/> No	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

RF # 8/21/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ _____
less than \$7.00	—	—	—	—	\$ _____
\$7.00 to \$8.99	—	—	—	—	\$ _____
\$9.00 to \$10.99	—	—	—	—	\$ _____
\$11.00 to \$12.99	—	—	—	—	\$ _____
\$13.00 to \$14.99	—	—	—	—	\$ _____
\$15.00 and higher	15	—	—	—	\$2.34

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ _____
\$7.00 to \$8.99	—	—	—	—	\$ _____
\$9.00 to \$10.99	—	—	—	—	\$ _____
\$11.00 to \$12.99	—	—	—	—	\$ _____
\$13.00 to \$14.99	—	—	—	—	\$ _____
\$15.00 and higher	1	—	—	—	\$2.90

RF # 8/21/02

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)



33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-1016

01-0699

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS							
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101						
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <u>bart.bevins@state.mn.us</u>						
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2									
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 25%;">Name/Title</td> <td style="border: none; width: 25%;">Phone number</td> <td style="border: none; width: 25%;">Street address</td> <td style="border: none; width: 25%;">City</td> <td style="border: none; width: 25%;">ZIP code</td> </tr> </table>					Name/Title	Phone number	Street address	City	ZIP code
Name/Title	Phone number	Street address	City	ZIP code					
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)							
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)									

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <p style="text-align: center;">ACCELERATED PAYMENTS, INC.</p>	15. Address where business subsidy or financial assistance will be used <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">320 7TH AVE</td> <td style="border: none; width: 33%;">TWO HARBORS</td> <td style="border: none; width: 33%;">MN 55616</td> </tr> <tr> <td style="border: none;">Street address</td> <td style="border: none;">City</td> <td style="border: none;">ZIP code</td> </tr> </table>	320 7 TH AVE	TWO HARBORS	MN 55616	Street address	City	ZIP code
320 7 TH AVE	TWO HARBORS	MN 55616					
Street address	City	ZIP code					
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No							

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i> :				
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade		<input checked="" type="checkbox"/> Service <input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other <i>(please specify)</i>
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$116,000	SEPTEMBER 23, 2001
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
FEBRUARY 8, 2001	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type)</i>	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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 (cannot be only purpose)
- * Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

24.11.02/102

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	58	_____	_____	_____	\$53
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	33	5	_____	_____	\$1.43
\$9.00 to \$10.99	6	_____	_____	_____	\$1.43
\$11.00 to \$12.99	2	_____	_____	_____	\$1.43
\$13.00 to \$14.99	1	_____	_____	_____	\$1.43
\$15.00 and higher	3	_____	_____	_____	\$1.43

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTEd.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTFD.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0690

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 30 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL.	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government"</i>) <input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify:</i>) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one</i>) * Yes (<i>Indicate hearing date - 7-27-00 and attach criteria</i>) <input type="checkbox"/> No <input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>) * Yes (<i>Complete the remainder of the form</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance RESALE WORLD.COM	15. Address where business subsidy or financial assistance will be used MINNEAPOLIS MN 55415 Street address City ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>) <input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (<i>Mark one</i>):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade		<input type="checkbox"/> Service <input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other (<i>please specify</i>)
18. Did the recipient relocate as a result of signing this agreement? (<i>Mark one</i>):				
<input type="checkbox"/> Yes (<i>Indicate city and state of previous address and reason recipient did not complete this project at that address.</i>) <input checked="" type="checkbox"/> No (<i>Go to Question 19.</i>)				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (<i>Mark one</i>):				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (<i>Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.</i>)	21. Date agreement signed (<i>In addition to the agreement date, indicate any dates the agreement was amended.</i>)				
\$250,000	MAY 1, 2000				
22. Benefit date (<i>Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.</i>)					
MAY 1, 2000					
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).				
<input type="checkbox"/> not applicable, agreement provided financial assistance <input type="checkbox"/> loan <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 (<i>Specify subsidy type</i>)	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (<i>Mark one</i>).	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (<i>Mark one</i>).				
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (<i>Specify each grantor and the value of their assistance below; attach an additional sheet if necessary</i>) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s)				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 50%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				

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 (cannot be only purpose)
- * Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2-11-02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	118	---	---	---	1.49

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 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.) Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 M.B.A.F. submitted to DTFD.)



2001 Minnesota Business Assistance Form

01-1213

01-0700

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 30 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. Name of person completing this form BART BEVINS		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <u>bart.bevins@state.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (<i>Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government"</i>)		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (<i>Mark one.</i>)		
<input type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (<i>Please specify:</i>) _____		<input checked="" type="checkbox"/> Yes (<i>Indicate hearing date - 9-24-99- and <u>attach criteria</u></i>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (<i>Indicate date of initial hearing - _____</i>) <input type="checkbox"/> Other (<i>Please attach explanation.</i>)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (<i>Mark one.</i>)				
<input checked="" type="checkbox"/> Yes (<i>Complete the remainder of the form.</i>) <input type="checkbox"/> No (<i>Stop here, go to section 5 on page 4.</i>)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance CENTRAL MARBLE PRODUCTS	15. Address where business subsidy or financial assistance will be used 10499 HWY 10 NW RICE MN 56367 Street address City ZIP code
16. Does the recipient have a parent corporation? (<i>Mark one.</i>)	
<input type="checkbox"/> Yes (<i>Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.</i>) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
_____ City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$100,000	MARCH 31, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
MARCH 31, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	DECEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	6	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	22	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	1	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	2	\$1.16
\$11.00 to \$12.99	2	_____	_____	10	\$1.24
\$13.00 to \$14.99	1	_____	_____	3	\$1.44
\$15.00 and higher	_____	_____	_____	9	\$1.73

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

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

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
- * Creating high-quality job growth
- Job retention
- Stabilizing the community
- * Increasing tax base (cannot be only purpose)
- Other (please specify)

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 dates) for each goal.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	JULY 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ _ _
less than \$7.00	---	---	---	---	\$ _ _
\$7.00 to \$8.99	---	---	---	---	\$ _
\$9.00 to \$10.99	_18_	---	---	---	\$ _77_
\$11.00 to \$12.99	_2_	---	---	---	\$.77_
\$13.00 to \$14.99	_4_	---	---	---	\$.77_
\$15.00 and higher	_4_	---	---	---	\$.77_

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ _ _
\$7.00 to \$8.99	---	---	---	---	\$
\$9.00 to \$10.99	---	---	---	---	\$ _
\$11.00 to \$12.99	---	---	---	---	\$
\$13.00 to \$14.99	---	---	---	---	\$ _ _
\$15.00 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)

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)		
<input type="checkbox"/> Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)		
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 on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<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 (Specify reason.) _____		
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		
<hr/> <hr/> <hr/>		

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0686

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 30 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city FDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify:) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance HILL WOOD PRODUCTS, INC.	15. Address where business subsidy or financial assistance will be used PO BOX 398 COOK MN 55723 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (Mark one.):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 (please specify)				
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)				
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$96,000	JANUARY 7, 2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)	
FEBRUARY, 2001	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)	
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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.)	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input type="checkbox"/> No Grantor(s) and value of the agreement(s) IRRRB _____ \$400,000 _____ Grantor Value (\$) NORTHLAND FOUNDATION \$100,00 _____ Grantor Value (\$)

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 (cannot be only purpose)
- * Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>FEBRUARY 2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.7.11 892402

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	<u>4</u>	\$2.25
\$9.00 to \$10.99	_____	_____	_____	<u>4</u>	\$2.78
\$11.00 to \$12.99	_____	_____	_____	<u>6</u>	\$3.27
\$13.00 to \$14.99	_____	_____	_____	<u>1</u>	\$3.93
\$15.00 and higher	_____	_____	_____	<u>1</u>	\$4.40

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.) Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.).

recipient ceased operation
 recipient was unable to fill vacant positions
 recipient relocated to a different community
 other (Specify reason) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0695

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

RECEIVED MAY 30 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance LACROSSE MCCORMICK	15. Address where business subsidy or financial assistance will be used 1116 SO. OAK Street address LA CRESCENT City MN 55947 ZIP code
16. Does the recipient have a parent corporation? (Mark one)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility (Mark one.):				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 (please specify)				
18. Did the recipient relocate as a result of signing this agreement? (Mark one)				
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) <input checked="" type="checkbox"/> No (Go to Question 19.)				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$142,000	DECEMBER 12, 2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)	
MACRH, 2001	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)	
<input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s)	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input checked="" type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <u>Q.Y.A. 8/21/02</u> <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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.)	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
- * Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	MACRH 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> 2.4.11 2/21/02
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	21	---	---	---	\$2.00
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	4	---	---	---	\$1.08
\$11.00 to \$12.99	3	---	---	---	\$1.11
\$13.00 to \$14.99	1	---	---	---	\$3.39
\$15.00 and higher	2	---	---	---	\$1.20

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0684

01-0684

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance SCHIWANS SALES ENTERPRISES	15. Address where business subsidy or financial assistance will be used 115 W COLLEGE DRIVE MARSHALL MN 56258 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i>				
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$233,300	OCTOBER 26, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
JUNE 2001	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No
	Grantor(s) and value of the agreement(s)
	Grantor _____ Value (\$) _____
	Grantor _____ Value (\$) _____

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 (cannot be only purpose)
- * Creating high-quality job growth
- Other (please specify)
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	JUNE 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

E.Y.H. 8/21/02

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	10	_____	_____	_____	\$_____
\$11.00 to \$12.99	41	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$
\$9.00 to \$10.99	11	_____	_____	_____	\$2.00
\$11.00 to \$12.99	31	_____	_____	_____	\$2.00
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0680

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.p.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify:) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance SCHERPING SYSTEMS	15. Address where business subsidy or financial assistance will be used 801 KINGSLEY WINSTED MN 55395 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one)</i> :				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$150,000	APRIL 6, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
OCTOBER 12, 2000	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>OCTOBER 2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$
less than \$7.00	—	—	—	—	\$
\$7.00 to \$8.99	—	—	—	—	\$
\$9.00 to \$10.99	—	—	—	—	\$
\$11.00 to \$12.99	—	—	—	—	\$
\$13.00 to \$14.99	<u>30</u>	—	—	—	\$ <u>32</u>
\$15.00 and higher	—	—	—	—	\$

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$
\$7.00 to \$8.99	—	—	—	—	\$
\$9.00 to \$10.99	—	—	—	—	\$
\$11.00 to \$12.99	1	—	—	—	\$3.25
\$13.00 to \$14.99	4	—	—	—	\$3.25
\$15.00 and higher	12	—	—	—	\$3.25

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)



2001 Minnesota Business Assistance Form

01-0681

01-0681

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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.) * Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input checked="" type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) * Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance IMPACT PLASTICS	15. Address where business subsidy or financial assistance will be used 223 SE FIRST AVE CLARA CITY MN 56222 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) * Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No BLYTH INDUSTRIES 100 FIELD POINT ROAD GREENWICH CT 06830	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one):</i>				
<input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$198,000	June 2, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property; whichever is earlier.)</i>	
SEPTEMBER 27, 2001	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s)
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s)
	_____ Value (\$)
	_____ Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	SEPTEMBER 2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	22	—	—	—	\$ 1.66
\$11.00 to \$12.99	9	—	—	—	\$ 1.66
\$13.00 to \$14.99	2	—	—	—	\$ 1.66
\$15.00 and higher	—	—	—	—	\$ 1.66

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	5	—	—	—	\$ 1.66
\$9.00 to \$10.99	2	—	—	—	\$ 1.90
\$11.00 to \$12.99	4	—	—	—	\$ 2.50
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	4	—	—	—	\$ 3.50

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0678

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00) and <u>attach criteria</u> <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance GENMAR HOLDING/LUND BOATS	15. Address where business subsidy or financial assistance will be used P.O. BOX 248 NEW YORK MILLS MN 56567 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No GENMAR HOLDINGS, INC. 100 SO. 5 TH ST. MINNEAPOLIS MN 55402	

RECEIVED MAY 30 2002

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i> :				
<input type="checkbox"/> * Manufacturing <input type="checkbox"/> Service <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 <i>(please specify)</i>				
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> * No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> * Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$500,000	NOVEMBER, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
JUNE, 2001	
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 checked="" type="checkbox"/> * business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> * loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> * not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input checked="" type="checkbox"/> * No Grantor(s) and value of the agreement(s)
	Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____

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
 * Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify)

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.)

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No <input type="checkbox"/> <u>JUNE 2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2-4-11-812402

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	62	---	---	---	\$3.86
\$11.00 to \$12.99	14	---	---	---	\$3.86
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	3	---	---	---	\$3.86

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	1	---	---	\$---
\$9.00 to \$10.99	53	1	---	---	\$4.03
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	3	---	---	\$4.03
\$15.00 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.)

Yes * No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default Type of subsidy or assistance Initial value of
subsidy or assistance

Street address of recipient City/ZIP code of recipient Outstanding value of
subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0692

RECEIVED MAY 30 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2. Name of person completing this form PAUL A. MOE	
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4 City SAINT PAUL	5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance COOPERATIVE RESPONSE CENTER, INC.	15. Address where business subsidy or financial assistance will be used 21966 STATE HIGHWAY 56 AUSTIN MN 55912 Street address City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	

Name of parent corporation	Street address	City	State	ZIP code
17. Industry of recipient's facility <i>(Mark one.)</i>				
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade		<input checked="" type="checkbox"/> Service <input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other <i>(please specify)</i>
18. Did the recipient relocate as a result of signing this agreement? <i>(Mark one.)</i>				
<input type="checkbox"/> Yes <i>(Indicate city and state of previous address and reason recipient did not complete this project at that address.)</i> <input checked="" type="checkbox"/> No <i>(Go to Question 19.)</i>				
City/State of previous address		Reason project not completed at previous address		
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? <i>(Mark one.)</i>				
<input checked="" type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input type="checkbox"/> Relocated outside Minnesota				

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance <i>(Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</i>	21. Date agreement signed <i>(In addition to the agreement date, indicate any dates the agreement was amended.)</i>
\$150,000	OCTOBER 2, 2000
22. Benefit date <i>(Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</i>	
DECEMBER 31, 2002	
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 checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
<input type="checkbox"/> not applicable, agreement provided financial assistance <input checked="" type="checkbox"/> loan <input type="checkbox"/> grant (i.e., forgivable loan) <input type="checkbox"/> tax abatement <input type="checkbox"/> TIF or other tax reduction or deferral <input type="checkbox"/> guarantee of 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 <i>(Specify subsidy type.)</i>	<input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement <input type="checkbox"/> assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? <i>(Mark one.)</i>	27. Are any other grantors providing a business subsidy or financial assistance to the same project? <i>(Mark one.)</i>
<input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	<input checked="" type="checkbox"/> Yes <i>(Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</i> <input type="checkbox"/> No Grantor(s) and value of the agreement(s) Grantor _____ Value (\$) _____ CITY OF AUSTIN _____ \$462,209 _____ Grantor _____ Value (\$) _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	* Yes <input type="checkbox"/> No	<u>DECEMBER 2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

27.11.01/2102

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	—	—	—	—	\$ —
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	17	—	—	—	\$1.25
\$9.00 to \$10.99	—	—	—	—	\$ —
\$11.00 to \$12.99	5	—	—	—	\$1.81
\$13.00 to \$14.99	—	—	—	—	\$ —
\$15.00 and higher	3	—	—	—	\$2.67

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	—	—	—	—	\$ —
\$7.00 to \$8.99	—	—	—	—	\$ —
\$9.00 to \$10.99	5	—	—	—	\$1.38
\$11.00 to \$12.99	2	—	—	—	\$1.84
\$13.00 to \$14.99	2	—	—	—	\$1.94
\$15.00 and higher	3	—	—	—	\$3.48

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

* No

Name of recipient _____ Type of subsidy or assistance (See Questions 24 and 25.) _____ Value of subsidy or assistance _____

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) * No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default _____ Type of subsidy or assistance _____ Initial value of subsidy or assistance _____

Street address of recipient _____ City/ZIP code of recipient _____ Outstanding value of subsidy or assistance _____

36. Reason(s) for default (Mark all that apply):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.) _____

37. To date, has the recipient fulfilled its repayment obligation? (Mark one)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



original form rec'd 3/29/02 E.Y.H.
2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500. 2) all state government agencies. If the local state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed
- # Questions? Call (651) 296-0580 Information on where to mail or fax your completed MBAF(s) is on page 4

Section 1 Information About Grantor

1. Name of grantor (funding entity) Agency Minneapolis Community Development		2. Name of person completing this form Kent Robbins							
3. Street address 105 5th Avenue South,		4. City Minneapolis	5. ZIP code 55401-2534						
6. County Hennepin	7. Phone number (612)673-5187	8. Fax number (612)673-5111	9. E-mail address kent.robbins@mcda.org						
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Terrell Towers, Director</td> <td style="width: 33%;">673-5134</td> <td style="width: 33%;">105 5th Ave. S., Mpls., MN 55401-2534</td> </tr> <tr> <td style="font-size: small;">Name Title</td> <td style="font-size: small;">Phone number</td> <td style="font-size: small;">Street address City ZIP code</td> </tr> </table>				Terrell Towers, Director	673-5134	105 5th Ave. S., Mpls., MN 55401-2534	Name Title	Phone number	Street address City ZIP code
Terrell Towers, Director	673-5134	105 5th Ave. S., Mpls., MN 55401-2534							
Name Title	Phone number	Street address City ZIP code							
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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.) January 22, 2001 <input checked="" type="checkbox"/> Yes (Indicate hearing date: _____ and attach criteria.) <input checked="" type="checkbox"/> No Living Wage Resolution Attached <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing: _____) <input type="checkbox"/> Other (Please attach explanation)							
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of this form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)									

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance GRACO, Inc.	15. Address where business subsidy or financial assistance will be used 88 11th Avenue NE, Mpls., MN 55440					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Street address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">ZIP code</td> </tr> </table>		Street address	City	State	ZIP code	
Street address	City	State	ZIP code			
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name of parent corporation</td> <td style="width: 10%;">Street address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">ZIP code</td> </tr> </table>		Name of parent corporation	Street address	City	State	ZIP code
Name of parent corporation	Street address	City	State	ZIP code		

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Golden Valley Headquarters moved to Mpls. plant.

City: State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$1.175 million</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">August 18, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">March 1, 2002</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 1.175M <input type="checkbox"/> guarantee of 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) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment: <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below. Attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s)</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (S) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (S) _____</td> </tr> </table>	Grantor _____	Value (S) _____	Grantor _____	Value (S) _____
Grantor _____	Value (S) _____				
Grantor _____	Value (S) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3/1/2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3/1/2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ ---
less than \$7.00	---	---	---	---	\$ ---
\$7.00 to \$8.99	---	---	---	---	\$ ---
\$9.00 to \$10.99	---	---	---	---	\$ ---
\$11.00 to \$12.99	47 36	KUR - job hired in 2001		---	\$ ---
\$13.00 to \$14.99	---	---	---	---	\$ ---
\$15.00 and higher	---	---	---	---	\$ ---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ ---
\$7.00 to \$8.99	---	---	---	---	\$ ---
\$9.00 to \$10.99	0	---	---	---	\$ ---
\$11.00 to \$12.99	36	E.F.H. 9/10/02		---	\$ ---
\$13.00 to \$14.99	---	---	---	---	\$ ---
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in detail	Type of subsidy or assistance	Initial value of subsidy or assistance

Street address of recipient:	City ZIP code of recipient:	Outstanding value of subsidy or assistance

36. Reason(s) for default: *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



original form rec'd 3/29/02 E. F. H.

2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500, 2) all state government agencies. If the local state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

Section 1 Information About Grantor

1. Name of grantor (funding entity) Agency Minneapolis Community Development		2. Name of person completing this form Kent Robbins	
3. Street address 105 5th Ave. S.		4. City Minneapolis	5. ZIP code 55401-2534
6. County Hennepin	7. Phone number (612)673-5187	8. Fax number (612)673-5111	9. E-mail address kent.robbinsemcda.org
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2 Terrell Towers, Director 673-5134 105 5th Ave. S., Mpls., MN 55401-2534			
Name Title		Phone number	
Street address		City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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.) January 22, 2001 <input checked="" type="checkbox"/> Yes (Indicate hearing date: _____ and attach criteria) <input type="checkbox"/> No Living Wage Resolution Attached <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing: _____) <input type="checkbox"/> Other (Please attach explanation: _____)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Ryan GB 2000, LLC		15. Address where business subsidy or financial assistance will be used 1220 Marshall, Mpls., MN 55413	
Street address		City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No Ryan Companies U.S., Inc. Name of parent corporation: 700 International Center 900 Second Ave. S., Mpls., MN 55402-3387 Street address City State ZIP code			

17. Industry of recipient's facility (Mark one)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Tenant 150 + Jobs

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$11.5 million</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">October 26, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">October 26, 2000</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> ^{81A, 448102} business subsidy <input checked="" type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement: Pay \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral (GTIF) \$ 965,000 <input type="checkbox"/> guarantee of payment: \$ _____ <input checked="" 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): _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building - stock or bringing it up to code, and assistance provided for designated historic preservation districts when 50% or less of total cost \$ 10,686,004.00 <input checked="" type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below - attach an additional sheet if necessary.) <input type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s)</p> <p>Met Council \$ 1,646,097.00 <small>Grantor Value (\$)</small></p> <p>DTED \$ 444,000.00 <small>Grantor Value (\$)</small></p>

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.094 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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): Historic Preservation

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.)

Goals established?	Target attainment: dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Handwritten: All completed 2002

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	_____
less than \$7.00	_____	_____	_____	_____	_____
\$7.00 to \$8.99	_____	_____	_____	_____	_____
\$9.00 to \$10.99	_____	_____	_____	_____	_____
\$11.00 to \$12.99	_____	_____	_____	_____	_____
\$13.00 to \$14.99	_____	_____	_____	_____	_____
\$15.00 and higher	_____	_____	_____	_____	_____

Handwritten: N/A

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	_____
\$7.00 to \$8.99	_____	_____	_____	_____	_____
\$9.00 to \$10.99	_____	_____	_____	_____	_____
\$11.00 to \$12.99	_____	_____	_____	_____	_____
\$13.00 to \$14.99	_____	_____	_____	_____	_____
\$15.00 and higher	_____	_____	_____	_____	_____

Handwritten: N/A

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in detail	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient:	City ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default: *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0746



2001 Minnesota Business Assistance Form

RECEIVED MAY 31 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Marshall		2. Name of person completing this form Calvin D. Barnett	
3. Street address 344 West Main Street		4. City Marshall	5. ZIP code 56258
6. County Lyon	7. Phone number 507-537-6771	8. Fax number 507-537-6830	9. E-mail address cbarnett@marshallmn.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <i>Calvin D. Barnett 507-537-6771 344 W. Main St. Marshall MN 56258</i>			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government") <input checked="" type="checkbox"/> City government <i>Q.A.M. 8/2/02</i> <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1-3-00</u> and <u>attach criteria</u>) <input type="checkbox"/> No Amended 10-16-00 <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Schwan's Sales Enterprises, Inc.	15. Address where business subsidy or financial assistance will be used 1604 Superior Road, Marshall MN 56258 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation _____	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19.)

Centralized the R & D program to Marshall, MN. Some Schwan's R & D employees
~~relocated to Minnesota, some are new.~~

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) Assistance helped decision to centralize R & R to Minnesota

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$1,198,450</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">October 25, 2000 June 3, 2002 amended</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">Completed November 12, 2001</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ <u>100,000</u> <input checked="" type="checkbox"/> grant (i.e., forgivable loan) \$ <u>133,300</u> <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>965,150</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input checked="" type="checkbox"/> assistance for a TIF soils condition district \$ <u>965,150</u></p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s): (133,300 forgivable) DTEB - 233,300 (100,000 retained by city)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Grantor</td> <td style="width:50%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Grantor	Value (\$)		
Grantor	Value (\$)				

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 (cannot be only purpose)
- Creating high-quality job growth
- Other (please specify) _____
- Job retention
- Stabilizing the community

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>9-24-03</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

e.1 A 8/23/02

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	..	_____	_____	_____	\$ <u>**</u>
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>3</u>	_____	_____	_____	\$ <u>.93</u>
\$11.00 to \$12.99	<u>36</u>	_____	_____	_____	\$ <u>.93</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>12</u>	<u>**Single coverage - mid benefit program</u>		_____	\$ <u>.93</u>

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

As of 4-3-02

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>9</u>	_____	_____	_____	\$ <u>.93</u>
\$11.00 to \$12.99	<u>19</u>	_____	_____	_____	\$ <u>.93</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>12</u>	_____	_____	_____	\$ <u>.93</u>

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations*(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)*33. During the period January 1, 2000 through December 31, 2000, 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.)* No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i>		
<input type="checkbox"/> Yes <i>(Complete the remainder of this section)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i>		
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. <i>(Attach additional pages if necessary.)</i>		
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	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 <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> 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, 2001, to:

2001 Minnesota Business Assistance Form

Minnesota Department of Trade and Economic Development - AEO

500 Metro Square, 121 East 7th Place

St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0747



2001 Minnesota Business Assistance Form

RECEIVED MAY 31 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Marshall		2. Name of person completing this form Calvin D. Barnett	
3. Street address 344 West Main Street		4. City Marshall	5. ZIP code 56258
6. County Lyon	7. Phone number 507-537-6771	8. Fax number 507-537-6830	9. E-mail address cbarnett@marshallmn.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. <i>Calvin D. Barnett 507-537-6771 City of Marshall Mn. 56258</i>			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - 1-3-00 and attach criteria) <input type="checkbox"/> No Amended 10-16-00 <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____.) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Iceberg Acquisitions, Inc.		15. Address where business subsidy or financial assistance will be used 1601 Halbur Road, Marshall, MN 56258 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No Arctic Ice International 625 Henry Ave, Winnipeg, Manitoba R3A0V1 Name of parent corporation Street address City State ZIP code			

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$200,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>Approved: 5-1-00 Amended: 10-16-00</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">June 1, 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 200,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p style="text-align: center;">D.A.A. 8/22/02</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p style="text-align: center;">See attached</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black;">Grantor</td> <td style="width: 50%; border-top: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)	Grantor	Value (\$)
Grantor	Value (\$)				
Grantor	Value (\$)				

#27 - Grantor's

Southwest Regional Development (SRDC)
Revolving Loan Fund \$100,000

Southwest Minnesota Foundation (SMF)
\$150,000

Prairieland Economic Development Corporation
(PEDC) \$250,000

Norwest Bank, Southwest
(Now Wells Fargo) \$300,000

Total: \$800,000

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Handwritten: p. 11 8/23/02

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>2</u>	_____	_____	_____	\$ <u>.70</u>
\$9.00 to \$10.99	<u>3</u>	_____	_____	_____	\$ <u>.70</u>
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ <u>.70</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>1</u>	_____	_____	_____	\$ <u>.70</u>

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>2</u>	_____	_____	_____	\$ <u>.70</u>
\$9.00 to \$10.99	<u>3</u>	_____	_____	_____	\$ <u>.70</u>
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ <u>.70</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>1</u>	_____	_____	_____	\$ <u>.70</u>

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

- Yes
- No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25)</i>	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply)*:

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0748



2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY 31 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Marshall		2. Name of person completing this form calvin D. Barnett	
3. Street address 344 West Main Street		4. City Marshall	5. ZIP code 56258
6. County Lyon	7. Phone number 507-537-6771	8. Fax number 507-537-6830	9. E-mail address cbarnett@marshallmn.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name <i>Calvin D. Barnett</i>		Phone number <i>507-537-6771</i>	Street address <i>344 W. Main St. Marshall</i>
		City <i>Marshall</i>	ZIP code <i>56258</i>
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>1-3-00</u> and attach criteria) <input type="checkbox"/> No amended 10-16-00 <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance McS.T. Properties	15. Address where business subsidy or financial assistance will be used 1214 W Main Street, Marshall MN 56258 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation _____	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19)

Marshall, MN lost lease on facility at 317 North Highway 59, Marshall, MN
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$50,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>August 7, 2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Start date of project: 11-1-99. Project completion was 7-15-00. First partial TIF payment was 8-1-01</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 50,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input checked="" type="checkbox"/> assistance for a TIF soils condition district \$ 50,000 </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §16J.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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>7/1/02 & 3/1/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

8 full time positions were retained
 2 part time positions were retained
 1 full time position to be created

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	<u>2</u>	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	<u>8</u>	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	<u>2</u>	<u>1</u>	\$ <u>2.53</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	<u>6</u>	\$ <u>2.53</u>
\$15.00 and higher	_____	_____	_____	<u>1</u>	\$ <u>2.53</u>

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 29 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement. For agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF, and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF MAPLE PLAIN		2. Name of person completing this form DON LOEBRICK	
3. Street address 1620 MAPLE HVE - BOX 97		4. City MAPLE PLAIN	5. ZIP code 55359
6. County HENNEPIN	7. Phone number 763 479 0515	8. Fax number 763 479 0519	9. E-mail address CITYHALL@MAPLEPLAIN.COM
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency please indicate affiliation. For example, a city EDI would check "City government".) <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.991? (Mark one.) 5/23/00 <input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and attach criteria.) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance DAVID & LISE POTTER		15. Address where business subsidy or financial assistance will be used MARSHVIEW MAPLE PLAIN, MIN 55359 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 288,677.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>JUNE 01, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>3-01-02</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input type="checkbox"/> business subsidy <input checked="" type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 288,677 <input type="checkbox"/> guarantee of 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) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control, or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s)</p> <p>Grantor _____ Value (\$) _____ Grantor _____ Value (\$) _____</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>3-01-04</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	<u>12</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

01-0593



2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY 21 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Maple Grove		2. Name of person completing this form Shelly Peterson	
3. Street address 12800 Arbor Lakes Pkwy		4. City Maple Grove	5. ZIP code 55369
6. County Hennepin	7. Phone number (763) 494-6320	8. Fax number (763) 494-6419	9. E-mail address speterson@ci.maple-grove.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. Fredric Christiansen (763) 494-6320 Same as above Name/Title Finance Director Phone number Street address City ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date 9/20/99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing -) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Data Recognition Corp		15. Address where business subsidy or financial assistance will be used 13490 Bass Lk Rd. Maple Grove MN 55311 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No Name of parent corporation Street address City State ZIP code			

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Minnetonka, MN Major Expansion/Consolidation from 6 to 1 Bldg
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) 466,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 11/01/2000
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 12/27/2000	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance	
24. If the agreement provided a business subsidy, please 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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>466,000</u> <input type="checkbox"/> guarantee of 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, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No Grantor(s) and value of the agreement(s): Grantor Value (\$) _____ Grantor Value (\$) _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01/01/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	3	_____	_____	_____	\$ _____
\$15.00 and higher	22	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	10	_____	_____	_____	\$ _____
\$15.00 and higher	18	_____	_____	_____	\$ _____

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

- Yes No

EXHIBIT A
(Estimated Job Creation)

Data Recognition Corporation
Maple Grove, Minnesota

As of October 31, 2002

<u>Job Classification</u>	<u>Salary Range</u>	<u>Number of Jobs</u>
Office - Administration	Less than \$40,000	20 to 23
Office - Management	\$40,000 - \$50,000	2
Office - Executive	Greater than \$50,000	0
Warehouse - Production	Less than \$30,000	3 to 5
Warehouse - Management	Greater than \$30,000	<u>0</u>
	Total Number of Jobs	25 to 30

RECEIVED MAY 24 2002

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2002 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor/funding entity. KONGLAKE EDA		2. Name of person completing this form NICHELLE NUISO		
3. Street address 1904 PARK AVENUE		4. City KONGLAKE	5. ZIP code 55356	
6. County HENNEPIN	7. Phone number 452 4736461	8. Fax number 752 476 96 22	9. E-mail address nmn@kclonglake.org	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2				
Name Title		Phone number		Street address
City		ZIP code		
11. Classification of grantor (Mark one. If grantor is entity controlled by govt agency please indicate affiliation. For example, if the EDA could check "City government.")		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 checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)		
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria		
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002		
<input type="checkbox"/> State government		If Yes: Hearing Date: 9/4/00 Year Criteria Submitted: 2001		
<input type="checkbox"/> Other (Please specify):		<input type="checkbox"/> No		
		<input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes. Complete the remainder of the form. <input type="checkbox"/> No. Stop here, go to section 3 on page 4.				

Section 2 Recipient Information

14. Name of business or organization receiving subsidy or financial assistance VB Properties, LLC and Gregory and Jane Stuegenessy		15. Address where business subsidy or financial assistance will be used 2100 Daniels St Konglake MN 55356		
Street address		City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input checked="" type="checkbox"/> Yes				
Name of parent corporation		Street address		City
State		ZIP code		

17. Industry of recipient (check all that apply) (Mark one)

Manufacturing
 Retail Trade
 Services
 Wholesale Trade
 Finance/Insurance/Real Estate
 Construction
 Other (specify industry)

18. Did the recipient relocate as a result of receiving this agreement? (Mark one)

Yes (indicate city and state of previous address and city and state recipient did not complete this project at that address)
 No (do not question 19)

City/State of previous address: _____ Reason project not completed at previous address: _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Remained at previous location
 Relocated to different Minnesota location
 Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance. (Please separate value by type in Questions 24 and 25.)

TIF Receipt No. 10
payas you go

\$ 455,000

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)

9-28-00

22. Benefit date (indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier)

1-2-01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one)

business subsidy
 financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

not applicable, agreement provided financial assistance
 loan (only principal) \$ _____
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ 455,000
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ _____
 other (Specify subsidy type) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

not applicable, agreement provided a business subsidy
 assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

not applicable, assistance was not in the form of TIF
 development
 renewal and renovation
 job creation
 economic development
 transit/ underground space
 hazardous waste remediation

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

Yes (specify each grantor and the value of their assistance below; attach an additional sheet if necessary)
 No

Grantor: _____ Value (\$): _____
 Grantor: _____ Value (\$): _____

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	<i>See attached</i>	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	<i>See attached</i>	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	<i>See attached</i>	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, 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.)

No

Name of recipient	Type of subsidy or assistance (see Questions 24 and 25.)	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section) No (Stop here and submit form to DTED.)

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 on recipient and agreement:
Gregory and Julie Shaughnessy and VB Properties

Name of recipient (in default)	Type of subsidy or assistance	Initial value of subsidy or assistance
<i>see attached</i>	<i>TIF</i>	<i>\$455,000</i>
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
<i>2160 Daniels St.</i>	<i>Long Lake 55356</i>	

36. Reason(s) for default (Mark all that apply):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions Other (Specify reason: *Rec'd completed*)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance 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? (Mark one.)

agreement had never been completed even
extended or repaid Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2002, to:
 2002 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

Section 1 Grantor Information

1. Name of grantor (funding entity) <u>Long Lake EDA</u>		2. Name of person completing this form <u>Michelle Morse</u>		
3. Street address <u>1964 Park Avenue</u>		4. City <u>Long Lake</u>	5. ZIP code <u>55356</u>	
6. County <u>Hennepin</u>	7. Phone number <u>952 473 6961</u>	8. Fax number <u>952 476 9622</u>	9. E-mail address <u>mmorse@ci.long-lake.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date <u>3/4/00</u> Year Criteria Submitted <u>2001</u> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <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 <u>James H. and Arlene V Kosciw</u>		15. Address where business subsidy or financial assistance will be used <u>5250119 545</u> <u>TAMMACK HILL, LONG LAKE, MN 55356</u>		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$150,000 pay-as-you-go tax increment</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>JUNE 20, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>OCTOBER 31, 2001</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$150,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/31/03	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	2	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	4	_____	_____	_____	\$ _____
\$15.00 and higher	2	_____	_____	_____	\$ _____

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

- Yes
 - No
- Recipient not until 10/31/03 to attain goals

01-0250



2001 Minnesota Business Assistance Form

RECEIVED MAR 29 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Little Falls		2. Name of person completing this form Lori Kasella/Finance Officer	
3. Street address 100 NE 7th Ave., P.O. Box 244		4. City Little Falls	5. ZIP code 56345
6. County Morrison	7. Phone number 320-616-5500	8. Fax number 320-616-5505	9. E-mail address ---
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date 12-20-00 attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance DJ Holding LLC	15. Address where business subsidy or financial assistance will be used 1009 NW 4th St., Little Falls, MN Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$37,500.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">Jan 10, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">3-1-2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 37,500 <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month * year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03-01-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	1	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	2	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	1	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	1	_____	_____	_____	\$_____
\$7.00 to \$8.99	2	1	_____	_____	\$_____
\$9.00 to \$10.99	4	_____	_____	_____	\$_____
\$11.00 to \$12.99	1	_____	_____	_____	\$_____
\$13.00 to \$14.99	1	_____	_____	_____	\$_____
\$15.00 and higher	0	_____	_____	1	\$_____

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

- recipient ceased operation
- recipient relocated to a different community
- recipient was unable to fill vacant positions
- other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



1 E.F.H. 11/21/03 per phone
2002 Minnesota Business Assistance Form

01-0209

RECEIVED MAR 2 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) <i>Lake Lakes EDA</i>		2. Name of person completing this form <i>Mary Alice Owens</i>		
3. Street address <i>1000 Town Center Pkwy</i>		4. City <i>Lake Lakes</i>	5. ZIP code <i>55014</i>	
6. County <i>Anoka</i>	7. Phone number <i>651/982-2423</i>	8. Fax number <i>651/982-2499</i>	9. E-mail address <i>mdowens@ci.lake-lakes.mn.us</i>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <i>11/8/99</i> Year Criteria Submitted: <i>2001</i> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <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 <i>North American Composites Company</i>		15. Address where business subsidy or financial assistance will be used <i>300 Apollo Drive Lake Lakes, MN 55014</i>		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No				
Name of parent corporation <i>Interclastic Manufacturing Company</i>		Street address <i>1225 Willow Lake Boulevard</i>	City <i>St. Paul</i>	State ZIP code <i>MN 55110</i>

17. Industry of recipient's facility (Mark one.):

- Manufacturing
- Retail Trade
- Services
- Wholesale Trade
- Finance, Insurance, Real Estate
- Construction
- Other (please specify) Distribution

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

No (Go to Question 19.)

3055 Columbia Ave NE
Minneapolis, MN 55421

The Minneapolis facility was insufficient to handle all of
NAC's business. Needed to obtain a better Twin Cities facility.

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

- Remained at previous location
- Relocated to different Minnesota location
- Relocated outside Minnesota

Section 3 Agreement Information

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$ 122,250

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

11/15/01

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

11/09/01

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

- business subsidy
- financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

not applicable, agreement provided financial assistance

- loan (only principal) \$ _____
- grant (i.e., forgivable loan) \$ _____
- tax abatement \$ _____
- TIF or other tax reduction or deferral \$ 122,250
- guarantee of payment \$ _____
- contribution of property or infrastructure \$ _____
- preferential use of governmental facilities \$ _____
- land contribution \$ _____
- other (Specify subsidy type.) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

not applicable, agreement provided a business subsidy

- assistance for property polluted by contaminants \$ _____
- assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
- assistance for pollution control or abatement \$ _____
- assistance for a TIF soils condition district \$ _____

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

not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)

No

Grantor(s) and value of the agreement(s):

Grantor _____ Value (\$)

Grantor _____ Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>11/03</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>3</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	<u>1</u>	\$ <u>3.50</u>
\$13.00 to \$14.99	<u>2</u>	_____	_____	<u>8</u>	\$ <u>3.50</u>
\$15.00 and higher	<u>4</u>	_____	_____	<u>9</u>	\$ <u>3.50</u>

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2001, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2001, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2002, to:
 2002 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



1 E.T.H. 113102 fax phone 01-0210

2002 Minnesota Business Assistance Form

RECEIVED MAR 20 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) <i>Lino Lakes EDA</i>		2. Name of person completing this form <i>Mary Alice Quine</i>		
3. Street address <i>600 Town Center Pkwy</i>		4. City <i>Lino Lakes</i>	5. ZIP code <i>55014</i>	
6. County <i>Anoka</i>	7. Phone number <i>651/982-2423</i>	8. Fax number <i>651/982-2499</i>	9. E-mail address <i>mdune@clim-lake.mn.us</i>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number		Street address
City		ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov's agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: <i>11/8/99</i> Year Criteria Submitted: <i>2001</i> <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <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 <i>Marmion/Keystone Corp</i>		15. Address where business subsidy or financial assistance will be used <i>265 Apollo Drive Lino Lakes, MN</i>		
		Street address	City	State ZIP code <i>55014</i>
16. Does the recipient have a parent corporation? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No				
Name of parent corporation <i>The Marmion Group</i>		Street address City State ZIP code <i>225 W. Washington St. Chicago, IL 60606</i>		

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Little Canada, MN
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$ <u>322,242</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;"><u>8/17/00</u></p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;"><u>6/01/01</u></p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>322,242</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Grantor</td> <td style="width: 50%; border-bottom: 1px solid black;">Value (\$)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grantor</td> <td style="border-bottom: 1px solid black;">Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>6/03</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>4</u>	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>2</u>	_____	_____	_____	\$ <u>3</u>

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

- Yes No



8.4.11.113102 *per phone*

2002 Minnesota Business Assistance Form

01-0211

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) <i>Lino Lakes EDA</i>		2. Name of person completing this form <i>Mary Alice Divina</i>		
3. Street address <i>100 Trou Center Pkwy</i>		4. City <i>Lino Lakes</i>	5. ZIP code <i>55014</i>	
6. County <i>Anoka</i>	7. Phone number <i>651/982-2423</i>	8. Fax number <i>651/982-2499</i>	9. E-mail address <i>mdivina@ci.lino-lakes.mn.us</i>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Name/Title		Phone number		Street address
City		ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		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 checked="" type="checkbox"/> City government		<input type="checkbox"/> Yes, in 2002 (attach criteria)		
<input type="checkbox"/> County government		<input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria		
<input type="checkbox"/> Regional government		<input checked="" type="checkbox"/> Yes, prior to 2002		
<input type="checkbox"/> State government		If Yes: Hearing Date: <i>11/8/99</i> Year Criteria Submitted: <i>2001</i>		
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> No		
		<input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <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 <i>CTN Investments LP</i>		15. Address where business subsidy or financial assistance will be used <i>295 Lepelle Drive Lino Lakes, MN</i>		
		Street address	City	State ZIP code <i>55014</i>
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)				
<input checked="" type="checkbox"/> No				
Name of parent corporation		Street address		City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19)

Blaine, MN no available site
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ <u>77,185</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>8/24/00</u></p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>11/22/00</u></p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>77,185</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>_____</td> </tr> </table>	_____	Value (\$)	Grantor	_____	_____	Value (\$)	Grantor	_____
_____	Value (\$)								
Grantor	_____								
_____	Value (\$)								
Grantor	_____								

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): _____

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.)

	Goals established?	Target attainment: dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>11/2002</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>5</u>	_____	_____	_____	\$ <u>1.85</u>
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>1</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>2</u>	<u>.5</u>	_____	_____	\$ _____

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes No



01-0361

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Lakeville		2. Name of person completing this form Ann Flad, Economic Development Coord.			
3. Street address 20195 Holyoke Avenue		4. City Lakeville	5. ZIP code 55044		
6. County Dakota	7. Phone number (952) 985-4400	8. Fax number (952) 985-4429	9. E-mail address annflad@city.lakeville.mn.us		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.					
Name/Title		Phone number	Street address	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>9/18/00</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____			
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)					

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance DR Horton, Inc. - Minnesota		15. Address where business subsidy or financial assistance will be used			
		20860 Kenbridge Cr., Lakeville, MN 55044	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)					
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No					
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Eagan, MN No room for expansion, and wanted to own rather than lease.
 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$336,288.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>9/18/00</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p> <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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$336,228 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)		
Grantor	Value (\$)								
Grantor	Value (\$)								

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	N/A	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	N/A	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes
- No (As project is not yet complete, all funds have not yet been expended.)

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 27 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Iron Range Resources & Rehabilitation Agency</u>		2. Name of person completing this form <u>Lori Spelman</u>	
3. Street address <u>1006 Highway 53 South</u>		4. City <u>Eveleth</u>	5. ZIP code <u>55734</u>
6. County <u>St. Louis</u>	7. Phone number <u>218.744.7400</u>	8. Fax number <u>218.744.7402</u>	9. E-mail address <u>lori.spelman@.cr16.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
<u>Phil Becken</u>		<u>218.744.7400</u>	<u>1006 Hwy 53 S. Eveleth</u> <u>55734</u>
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Accelerated Payments, Inc.</u>		15. Address where business subsidy or financial assistance will be used <u>320 7th Ave, Two Harbors, Minn 55616</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

2001 Minnesota Business Assistance Form

12. **The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.**

The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) N/A

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 550,000.⁰⁰</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>March 1, 2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Loan - Closed 2/17/00 - Funded 3/2/00 Grant - \$145,000 advanced as of 1/1/02. Balance to be advanced semi-annually until 3/31/05</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) convertible debt <u>\$250,000</u> <input checked="" type="checkbox"/> grant (i.e., forgivable loan) <u>\$300,000</u> <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Grantor	Value (\$)	_____	_____	Grantor	Value (\$)	_____	_____
Grantor	Value (\$)								
_____	_____								
Grantor	Value (\$)								
_____	_____								

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3/01/02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	3/01/05	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	40 by 12/01/02	3/01/02	_____	_____	\$ 1.43
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	35	18	_____	_____	\$ 1.43
\$9.00 to \$10.99	6	_____	_____	_____	\$ 1.43
\$11.00 to \$12.99	2	_____	_____	_____	\$ 1.43
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	3	_____	_____	_____	\$ 1.43

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAR 27 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Iron Range Resources + Rehabilitation Agency</u>		2. Name of person completing this form <u>Lori Spielman</u>	
3. Street address <u>1006 Highway 53 South</u>		4. City <u>Eveleth</u>	5. ZIP code <u>55734</u>
6. County <u>St. Louis</u>	7. Phone number <u>218.744.7400</u>	8. Fax number <u>218.744.7402</u>	9. E-mail address <u>lori.spielman@irrb.org</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
<u>Phil Bakken</u> Name/Title		<u>218.744.7400</u> Phone number	<u>1006 Highway 53 S, Eveleth 55734</u> Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please 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 checked="" type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 (Indicate hearing date - _____ and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input checked="" type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Larex, Inc.</u>	15. Address where business subsidy or financial assistance will be used <u>1101 NW 3¹/₂ St, Coleset MN 55721</u> Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation _____	Street address _____ City _____ State _____ ZIP code _____

2001 Minnesota Business Assistance Form

12. **The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.**

The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.) N/A

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 350,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>March 22, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Loan was advanced in increments from March 22, 2000 until Dec. 31, 2000. Loan fully advanced as of December 31, 2000.</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$350,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	March 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	10	_____	_____	_____	\$ ^{net} 2.25+
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	10	_____	_____	_____	\$_____

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

- Yes No

TIF-9 STELLAR

01-0469



2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY 7 2002

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF HOWARD LAKE		2. Name of person completing this form MICHELE HARTMAN, MEDN	
3. Street address 741 6th St.		4. City HOWARD LAKE	5. ZIP code 55349
6. County WRIGHT	7. Phone number 320-543-3670	8. Fax number 320-543-3206	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. GENE GILBERT, CITY CLERK 320-543-3670 741 6th, HOWARD LAKE			
Name/Title		Phone number	
		Street address	
		City	
		ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 4-18-00 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance STELLAR HEALTH CARE, INC.		15. Address where business subsidy or financial assistance will be used 1116 6th St. HOWARD LAKE, MN 55349	
		Street address	City
		State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City
		State	ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

(NEW BUSINESS START-UP)

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

P.A.Y.G. TIF UPTO \$99,000

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

7-13-2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

8-18-00

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

not applicable, agreement provided financial assistance

loan (only principal) \$ _____
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ 99,000
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ _____
 other (Specify subsidy type.) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

not applicable, agreement provided a business subsidy

assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

Grantor	Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) REHAB OF BLIGHTED BUILDING.

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8-18-02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8-18-05</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

5 YEARS OF OPERATION

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					\$ _____
less than \$7.00	<u>2</u>				\$ _____
\$7.00 to \$8.99					\$ _____
\$9.00 to \$10.99					\$ _____
\$11.00 to \$12.99					\$ _____
\$13.00 to \$14.99					\$ _____
\$15.00 and higher	<u>1</u>				\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$ _____
\$7.00 to \$8.99		<u>3</u>			\$ _____
\$9.00 to \$10.99					\$ _____
\$11.00 to \$12.99	<u>1</u>				\$ _____
\$13.00 to \$14.99					\$ _____
\$15.00 and higher					\$ _____

1 JOB BEING ADVERTISED NOW

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0146



2001 Minnesota Business Assistance Form

RECEIVED MAR 6 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF HASTINGS		2. Name of person completing this form JOHN GROSSMAN	
3. Street address 101 E 4TH ST		4. City HASTINGS	5. ZIP code MN 55033
6. County OOKOMA	7. Phone number 651/437-4127	8. Fax number 651/437-7082	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/20/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance GREENLAWN UNDERGROUND SPRINKLERS, INC.		15. Address where business subsidy or financial assistance will be used 2550 MILLARD, HASTING MN 55033	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">51,999.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">December 1, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">December 1, 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ 51,999 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> <tr> <td>_____ Grantor</td> <td>_____ Value (\$)</td> </tr> </table>	_____ Grantor	_____ Value (\$)	_____ Grantor	_____ Value (\$)
_____ Grantor	_____ Value (\$)				
_____ Grantor	_____ Value (\$)				

Section 4 Goals and Public Purpose Identified in the Agreement

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) FACILITATE LOCAL EXPANSION

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/1/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>7/1/02</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	<u>4</u>	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	<u>3</u>	_____	\$ _____
\$15.00 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.)

Yes No

2001 MBAF report – Greenlawn

Q. 29

D. Other goals: complete \$200,000 building and site improvements by July 1, 2002.

01-0147



2001 Minnesota Business Assistance Form

RECEIVED MAR 25 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF HASTINGS		2. Name of person completing this form JOHN GROSSMAN	
3. Street address 101 E 4TH ST		4. City HASTINGS	5. ZIP code MN 55033
6. County DODGE	7. Phone number 651/437-4127	8. Fax number 651/437-7082	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>12/20/99</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance MILLER ELECTRIC, INC.		15. Address where business subsidy or financial assistance will be used 2620 IND. CE. HASTINGS MN 55033	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center; font-size: 1.2em;">29,899.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">8-17-2000</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center; font-size: 1.2em;">8-17-2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <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 \$ _____ <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> and contribution \$ 29,899 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> Not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 50%;"></td> <td style="border-top: 1px solid black; width: 50%; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;">Grantor</td> <td style="border-top: 1px solid black;"></td> </tr> </table>		Value (\$)	Grantor		Grantor	
	Value (\$)						
Grantor							
Grantor							

Section 4 Goals and Public Purpose Identified in the Agreement

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §1167.994 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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>8/17/02</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/01</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)

- Yes
- No

**2001 MBAF report –Miller Electric
Q. 29**

- D. Other goals: complete \$240,000 building and site improvements on the property provided by the City by December 31, 2001.**



01-0409

2001 Minnesota Business Assistance Form

RECEIVED APR 3 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF FREEPORT		2. Name of person completing this form MICHELE HARTMAN (MEDN)	
3. Street address P.O. BOX 301		4. City FREEPORT	5. ZIP code 56331-0301
6. County STEARNS	7. Phone number 320-836-2112	8. Fax number 320-836-2116	9. E-mail address
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. FREEPORT CITY CLERK 320-836-2112 P.O. BOX 301 FREEPORT, MN 56331			
Name/Title		Phone number	
Street address		City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date 9-28-99 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 3 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance QUALITY TRAILER PRODUCTS CORPORATION	15. Address where business subsidy or financial assistance will be used 208 7th St SW FREEPORT, MN 56331
Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No POLAR CORPORATION 1015 W ST. GERMAIN, SUITE #420, ST. CLOUD, MN 56301	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

HOLDINGFORD, MN **THIS WAS A TEMPORARY LOCATION WHEN THEY CAME**
City/State of previous address Reason project not completed at previous address **FROM SO. DAKOTA 4 YRS AGO.**

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)

\$90,000 (PAYG)

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)

2-1-00

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

BUILDING OCCUPIED DECEMBER 2000

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

not applicable, agreement provided financial assistance

loan (only principal) \$ _____
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$ **90,000**
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ _____
 other (Specify subsidy type.) _____ \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s).

not applicable, agreement provided a business subsidy

assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

Grantor	Value (\$)
Grantor	Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>DEC 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>1</u>	_____	_____	<u>4</u>	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	<u>2</u>	_____	_____	<u>5</u>	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No *J. J. H. 9/20/02*

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25)</i>	Value of subsidy or assistance
-------------------	--	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)* *J. J. H. 4/20/02*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

NIA

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0552

2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED MAY 20 2002

PostMarked 5-16-02

Section 1 Information About Grantor

1. Name of grantor (funding entity) Edina Housing & Redevelopment Authority		2. Name of person completing this form Gordon L. Hughes	
3. Street address 4801 W. 50th Street		4. City Edina	5. ZIP code 55424
6. County Hennepin	7. Phone number 952-826-0401	8. Fax number 952-826-0390	9. E-mail address ghughes@ci.edina.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>8/15/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Grandview Square, L.L.C.		15. Address where business subsidy or financial assistance will be used 5201 Eden Avenue, Edina, MN 55436 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation OPUS Northwest L.L.C.		Street address City State ZIP code 10350 Bren Road W, Minnetonka, MN 55343	

17. Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) office

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

 City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">3,950,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">8/15/00</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">12/10/01</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>3,950,000</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) POLLUTION CLEAN-UP <input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">EDINA HRA</td> <td style="text-align: right;">\$500,000</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>	EDINA HRA	\$500,000	Grantor	Value (\$)	Grantor	Value (\$)
EDINA HRA	\$500,000						
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other *(please specify)* Redevelop blighted areas

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.)*

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. *(Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. *(Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)*

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 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.)*

Yes No



01-0526

2001 Minnesota Business Assistance Form

RECEIVED MAY 15 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Eden Prairie		2. Name of person completing this form David Lindahl	
3. Street address 8080 Mitchell Road		4. City Eden Prairie	5. ZIP code 55344
6. County Hennepin	7. Phone number 952-949-8484	8. Fax number 952-949-8392	9. E-mail address dlindahl@edenprairie.org
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.)		<input checked="" type="checkbox"/> Yes (Indicate hearing date <u>2/1/00</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Elim Homes, Inc.		15. Address where business subsidy or financial assistance will be used 55344 7485 Office Ridge Circle, Eden Prairie, MN	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Elim Care, Inc.		7485 Office Ridge Circle	
Eden Prairie, MN		55344	
Name of parent corporation	Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate

Retail Trade Wholesale Trade Construction Other (please specify)

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)</p> <p>\$1,000,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>1/1/2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>10/1/2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan</p> <p><input type="checkbox"/> grant (i.e., forgivable loan)</p> <p><input type="checkbox"/> tax abatement</p> <p><input type="checkbox"/> TIF or other tax reduction or deferral</p> <p><input checked="" type="checkbox"/> guarantee of payment \$1,000,000</p> <p><input type="checkbox"/> contribution of property or infrastructure</p> <p><input type="checkbox"/> preferential use of governmental facilities</p> <p><input type="checkbox"/> land contribution</p> <p><input type="checkbox"/> other (Specify subsidy type.)</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost</p> <p><input type="checkbox"/> assistance for pollution control or abatement</p> <p><input type="checkbox"/> assistance for a TIF soils condition district</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/1/2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	FTE'S Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	2	_____	_____	4.5	\$ N/A
\$15.00 and higher	2	_____	_____	17.5	\$ N/A

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	FTE'S Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	3	_____	_____	3	\$ N/A
\$15.00 and higher	3.5	_____	_____	17.5	\$ N/A

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)
- No

Name of recipient _____ Type of subsidy or assistance (See Questions 24 and 25) _____ Value of subsidy or assistance _____

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason.)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0239

RECEIVED MAR 29 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) (DEDA) Duluth Economic Development Authority		2. Name of person completing this form Michael Conlan	
3. Street address 402 City Hall 411 West First Street		4. City Duluth	5. ZIP code 55802
6. County St. Louis	7. Phone number 218-723-3556	8. Fax number 218-723-3540	9. E-mail address mconlan@ci.duluth.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Street address	
Phone number		City ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date <u>5-9-00</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Duke Construction Limited Partnership (for United HealthCare Services, Inc.)		15. Address where business subsidy or financial assistance will be used Duluth 4316 Rice Lake Rd. MN 55811	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trade
<input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction <input type="checkbox"/> Other (please specify) _____	
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)	
<input type="checkbox"/> Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)	
<input checked="" type="checkbox"/> No (Go to Question 19.)	
City/State of previous address	Reason project not completed at previous address
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)	
<input type="checkbox"/> Remained at previous location <input type="checkbox"/> Relocated to different Minnesota location <input checked="" type="checkbox"/> Relocated outside Minnesota	

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$1,650,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 6-30-00
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) March 2001	
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) <input checked="" type="checkbox"/> business subsidy	<input type="checkbox"/> financial assistance
24. If the agreement provided a business subsidy, please 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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 500,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input type="checkbox"/> land contribution \$ _____ <input checked="" type="checkbox"/> other (Specify subsidy type.) grant \$ 150,000 for environmental remediation	25. If the assistance was one of the four types of financial assistance, please indicate the type(s). <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) <input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input type="checkbox"/> No to UHS, Inc. Grantor(s) and value of the agreement(s): City of Duluth * \$500,000 Grantor Value (\$) _____ Grantor Value (\$)

* See MIF report from DTED staff
2001 Minnesota Business Assistance Form

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6-30-08	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

* See attached excerpt from Article I of the development agreement

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	204	_____	_____	_____	\$2.26
\$11.00 to \$12.99	148	_____	_____	_____	\$2.70-3.05
\$13.00 to \$14.99	11	_____	_____	_____	\$3.39
\$15.00 and higher	7	_____	_____	_____	\$5.65

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	0	_____	_____	_____	\$ _____
\$7.00 to \$8.99	8	2	_____	Base employment of 655 FTE	\$1.82-1.93
\$9.00 to \$10.99	64	4	_____		\$2.10-2.43
\$11.00 to \$12.99	38	_____	_____		\$2.54-2.99
\$13.00 to \$14.99	46	_____	_____		\$3.21-3.37
\$15.00 and higher	6	_____	_____		\$3.76-8.85

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

<p>33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <i>(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.)</i></p> <p><input checked="" type="checkbox"/> No</p>								
<u>Name of recipient</u>	<u>Type of subsidy or assistance (See Questions 24 and 25.)</u>	<u>Value of subsidy or assistance</u>						
<p>34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <i>(Complete the remainder of this section.)</i> <input checked="" type="checkbox"/> No <i>(Stop here and submit form to DTED.)</i></p>								
<p>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. <i>(Attach additional pages if necessary.)</i></p> <p>35. Information on recipient and agreement:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><u>Name of recipient in default</u></td> <td style="width:33%;"><u>Type of subsidy or assistance</u></td> <td style="width:33%;"><u>Initial value of subsidy or assistance</u></td> </tr> <tr> <td><u>Street address of recipient</u></td> <td><u>City/ZIP code of recipient</u></td> <td><u>Outstanding value of subsidy or assistance</u></td> </tr> </table>			<u>Name of recipient in default</u>	<u>Type of subsidy or assistance</u>	<u>Initial value of subsidy or assistance</u>	<u>Street address of recipient</u>	<u>City/ZIP code of recipient</u>	<u>Outstanding value of subsidy or assistance</u>
<u>Name of recipient in default</u>	<u>Type of subsidy or assistance</u>	<u>Initial value of subsidy or assistance</u>						
<u>Street address of recipient</u>	<u>City/ZIP code of recipient</u>	<u>Outstanding value of subsidy or assistance</u>						
<p>36. Reason(s) for default <i>(Mark all that apply.):</i></p> <p><input type="checkbox"/> recipient ceased operation <input type="checkbox"/> recipient relocated to a different community</p> <p><input type="checkbox"/> recipient was unable to fill vacant positions <input type="checkbox"/> other <i>(Specify reason.)</i> _____</p>								
<p>37. To date, has the recipient fulfilled its repayment obligation? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.</p>								
<p>38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? <i>(Mark one.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:</p> <hr/> <hr/> <hr/>								

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

RECEIVED MAY 28 2002
Post Marked 5-23-02

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) City of Cottonwood		2. Name of person completing this form Greg Isaackson	
3. Street address 86 West Main Street		4. City Cottonwood	5. ZIP code 56229
6. County Lyon	7. Phone number (507) 423-6488	8. Fax number (507) 423-5368	9. E-mail address cotmngi@mvtwireless.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date: <u>1/25/00</u> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing: _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Cottonwood Welding and Manufacturing		15. Address where business subsidy or financial assistance will be used 400 East Fourth St North, Cottonwood MN 56229 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Mark one)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Cottonwood MN Didn't move to another City.
City/State of previous address Reason project not completed at previous address
Relocated to new facility within City of Cottonwood.

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$108,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)</p> <p style="text-align: center;">June 22, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property; whichever is earlier.)</p> <p style="text-align: center;">September 2000</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input checked="" type="checkbox"/> loan (only principal) \$ 72,000 <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 36,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s)</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black; text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)		Value (\$)
	Value (\$)				
	Value (\$)				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

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

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	3	_____	_____	4	\$ 0
\$9.00 to \$10.99	_____	_____	_____	3	\$ 0
\$11.00 to \$12.99	_____	_____	_____	1	\$ 0
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	2	\$ 0

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	1	_____	_____	_____	\$ 0
\$7.00 to \$8.99	2	_____	_____	_____	\$ 0
\$9.00 to \$10.99	1	_____	_____	5	\$ 0
\$11.00 to \$12.99	_____	_____	_____	2	\$ 0
\$13.00 to \$14.99	_____	_____	_____	2	\$ 0
\$15.00 and higher	_____	_____	_____	1	\$ 0

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

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

NA

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

NA

recipient ceased operation

recipient relocated to a different community

recipient was unable to fill vacant positions

other *(Specify reason)*

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one)*

Yes No, recipient has begun to repay the assistance 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

NA

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0411

2001 Minnesota Business Assistance Form

RECEIVED APR 8 2002
Post Marked 4.4.02

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Chisago County HRA-EDA		2. Name of person completing this form Mark Vahlsing	
3. Street address 6448 Main Street, PO Box 410		4. City North Branch	5. ZIP code 55056
6. County Chisago	7. Phone number 651-674-5664	8. Fax number 651-674-2996	9. E-mail address mvahl@growchisago.com
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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"/> City government <input checked="" type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - _____ and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Selvig Family LLC		15. Address where business subsidy or financial assistance will be used 26553 Forest Blvd, Box 397 Wyoming, MN 55092	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 150,808</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>October 27, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>October 2002</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input checked="" type="checkbox"/> tax abatement \$ 150,808 <input type="checkbox"/> TIF or other tax reduction or deferral \$ _____ <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input checked="" type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>City of Wyoming \$130,000</p> <p>Grantor _____ Value (\$) _____</p> <p>Grantor _____ Value (\$) _____</p>

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
 Increasing tax base (cannot be only purpose)
 Other (please specify) site redevelopment

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FI/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>7</u>	<u>7</u>	_____	_____	\$ _____
\$9.00 to \$10.99	<u>10</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>5</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>3</u>	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FI/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	<u>0</u>	<u>2</u>	_____	_____	\$ _____
\$7.00 to \$8.99	<u>8</u>	<u>6</u>	_____	_____	\$ _____
\$9.00 to \$10.99	<u>7</u>	_____	_____	_____	\$ _____
\$11.00 to \$12.99	<u>1</u>	<u>1</u>	_____	_____	\$ _____
\$13.00 to \$14.99	<u>2</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>8</u>	_____	_____	_____	\$ <u>3.00</u>

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0406

2001 Minnesota Business Assistance Form

RECEIVED APR 2 2002

D.A.M.H. 11-502

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>Chaska Economic Development Auth.</i>		2. Name of person completing this form <i>Matthew Podhowsky</i>	
3. Street address <i>1 City Hall Plaza</i>		4. City <i>Chaska</i>	5. ZIP code <i>55318</i>
6. County <i>Carver</i>	7. Phone number <i>952-448-2851</i>	8. Fax number <i>952-448-9300</i>	9. E-mail address <i>matt@chaska.net</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>9/13/99</i> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>West Suburban Housing</i>	15. Address where business subsidy or financial assistance will be used <i>5407 Franklin Boulevard, St. Louis Park, MN</i>
	Street address City State ZIP code <i>555416</i>
16. Does the recipient have a parent corporation? (Mark one.)	
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	
Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) Housing and
Comment

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota
n.a. (wouldn't have located on this site w/out subsidy)

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center; font-size: 1.2em;">\$ 898,266</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center; font-size: 1.2em;">Aug. 17, 2000</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center; font-size: 1.2em;">Aug. 17, 2000</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 898,266 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p> <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border-bottom: 1px solid black; width: 30%; text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> <tr> <td>Grantor</td> <td style="text-align: right;">Value (\$)</td> </tr> </table>		Value (\$)	Grantor	Value (\$)	Grantor	Value (\$)
	Value (\$)						
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify): Utilizing site that would not have been redeveloped.

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Aug. 17, 2007</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	<u>3</u>	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	<u>2</u>	_____	_____	\$ <u>0</u>
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	<u>2</u>	_____	_____	<u>X</u>	\$ <u>2.75</u>

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



- Revised -

01-0407

2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

RECEIVED APR 8 2001
 Dept-Minnesota U.S. 02

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>Chaska Economic Development Auth.</i>		2. Name of person completing this form <i>Matt Podhvalsky</i>	
3. Street address <i>1 City Hall Plaza</i>		4. City <i>Chaska</i>	5. ZIP code <i>55318</i>
6. County <i>Carver</i>	7. Phone number <i>952-448-2851</i>	8. Fax number <i>952-448-4300</i>	9. E-mail address <i>matt@chaska.net</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>9/13/99</i> and <u>attach criteria</u>) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Update Properties, LLC</i>		15. Address where business subsidy or financial assistance will be used <i>130 Peewee Circle - Chaska 55318</i>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

9969 Valley View Dr Eden Prairie - wanted to Relocate
City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$147,963</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>March 7, 2000</u></p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p><u>Sept. 1, 2000</u></p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>147,963</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	_____	Value (\$)	Grantor	Value (\$)	_____	Value (\$)	Grantor	Value (\$)
_____	Value (\$)								
Grantor	Value (\$)								
_____	Value (\$)								
Grantor	Value (\$)								

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify: Development of Property
not used to its highest use.)

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.)

Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/1/2002	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>9/1/2002</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$_____
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	<u>2</u>	_____	_____	_____	\$_____
\$13.00 to \$14.99	_____	_____	_____	_____	\$_____
\$15.00 and higher	_____	_____	_____	_____	\$_____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$_____
\$7.00 to \$8.99	_____	_____	_____	_____	\$_____
\$9.00 to \$10.99	_____	_____	_____	_____	\$_____
\$11.00 to \$12.99	_____	_____	_____	_____	\$_____
\$13.00 to \$14.99	<u>2</u>	_____	_____	_____	\$ <u>2.45</u>
\$15.00 and higher	<u>6</u>	_____	_____	_____	\$ <u>2.35</u>

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

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

Section 1 Information About Grantor

1. Name of grantor (funding entity) Burnsville EDA		2. Name of person completing this form Chad Wehlers		
3. Street address 100 Civic Center Parkway		4. City Burnsville	5. ZIP code 55378	
6. County Dakota	7. Phone number 952-895-4451	8. Fax number 952-895-4453	9. E-mail address wehlers@eda.burnsville.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify:)		<input checked="" type="checkbox"/> Yes (Indicate hearing date - 2/27/02 and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing:) <input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Southcross Commerce Center II, LLC		15. Address where business subsidy or financial assistance will be used 3710 Corporate Center Drive, Burnsville, MN 55306		
		Street address	City	State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$1,177,797</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>December 18, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>August 1, 2003 (currently under construction)</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 1,177,797 <input type="checkbox"/> guarantee of 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.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s).</p> <p>_____ Grantor Value (\$) _____ Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	August - 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	5	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	11	_____	_____	_____	\$ _____
\$13.00 to \$14.99	15	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)

No

Name of recipient	Type of subsidy or assistance (See Questions 24 and 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other (Specify reason: _____)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Burnsville EDA		2. Name of person completing this form Chad Wampler	
3. Street address 100 Civic Center Parkway		4. City Burnsville	5. ZIP code 55376
6. County Dakota	7. Phone number 952-895-4451	8. Fax number 952-895-4453	9. E-mail address wampler@eda.burnsville.mn.us
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.			
Name: Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input checked="" type="checkbox"/> Yes (Indicate hearing date: <u>2/22/02</u> and attach criteria.) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing: _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Southcross Drive - 42, LLP		15. Address where business subsidy or financial assistance will be used 3000 City Rd. 42 W, Burnsville, MN 55376	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17 Industry of recipient's facility (Mark one.)

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) office

18 Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address)
 No (Go to Question 19)

City/State of previous address _____ Reason project not completed at previous address _____

19 Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20 Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p><u>\$1,175,672</u></p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p><u>November 20, 2000</u></p>
--	---

22 Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)

August 1, 2003 (currently under construction)

23 Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one)

business subsidy financial assistance

<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p> <input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ <u>1,175,672</u> <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p> <input type="checkbox"/> assistance for property polluted 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% or less of total cost <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>
--	---

<p>26 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	August - 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	15	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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)

- Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement: *

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default *(Mark all that apply.):*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:
 2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0261

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Burnsville EDA</u>		2. Name of person completing this form <u>Chad Wichters</u>	
3. Street address <u>100 Civic Center Parkway</u>		4. City <u>Burnsville</u>	5. ZIP code <u>55378</u>
6. County <u>Dakota</u>	7. Phone number <u>952-895-4451</u>	8. Fax number <u>952-895-4453</u>	9. E-mail address <u>wichters@ci.burnsville.mn.us</u>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>2/27/01</u> and attach criteria.) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Sign here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>Gila, LLC</u>		15. Address where business subsidy or financial assistance will be used <u>14265 Burnsville Parkway West, Burnsville, MN, 55378</u>	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (Please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$149,037</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>July 17, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) August 1, 2003</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____</p> <p><input type="checkbox"/> grant (i.e., forgivable loan) \$ _____</p> <p><input type="checkbox"/> tax abatement \$ _____</p> <p><input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$149,037</p> <p><input type="checkbox"/> guarantee of payment \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities \$ _____</p> <p><input type="checkbox"/> land contribution \$ _____</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement \$ _____</p> <p><input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input checked="" type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> <tr> <td>Grantor _____</td> <td>Value (\$) _____</td> </tr> </table>	Grantor _____	Value (\$) _____	Grantor _____	Value (\$) _____
Grantor _____	Value (\$) _____				
Grantor _____	Value (\$) _____				

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
 Creating high-quality job growth
 Job retention
 Stabilizing the community
- Increasing tax base (cannot be only purpose)
 Other (please specify): _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>January 2003</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT:PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>13</u>	_____	_____	_____	\$ _____
\$15.00 and higher	<u>13</u>	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT:PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, 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.)*

No

Name of recipient	Type of subsidy or assistance <i>(See Questions 24 and 25.)</i>	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? *(Mark one.)*

Yes *(Complete the remainder of this section.)* No *(Stop here and submit form to DTED.)*

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
------------------------------	-------------------------------	--

Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
-----------------------------	----------------------------	--

36. Reason(s) for default *(Mark all that apply.)*

recipient ceased operation recipient relocated to a different community
 recipient was unable to fill vacant positions other *(Specify reason.)* _____

37. To date, has the recipient fulfilled its repayment obligation? *(Mark one.)*

Yes No, recipient has begun to repay the assistance. 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? *(Mark one.)*

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
 Minnesota Department of Trade and Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

2001 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>Burnsville EDA</u>		2. Name of person completing this form: <u>Chad Wuhlers</u>		
3. Street address <u>100 Civic Center Parkway</u>		4. City <u>Burnsville</u>	5. ZIP code <u>55378</u>	
6. County <u>Dakota</u>	7. Phone number <u>952-895-4451</u>	8. Fax number <u>952-895-4453</u>	9. E-mail address <u>wuhlers@ceda.burnsville.mn.us</u>	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2				
Name/Title		Phone number	Street address	City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 checked="" type="checkbox"/> Yes (Indicate hearing date - <u>3/22/00</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form) <input type="checkbox"/> No (Stop here, go to section 5 on page 4)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>US Federal Credit Union</u>		15. Address where business subsidy or financial assistance will be used <u>1400 Highway 13 East, Burnsville, MN</u>		
		Street address	City	State ZIP code <u>55337</u>
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No				
Name of parent corporation		Street address	City	State ZIP code

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

Goals	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	May 1, 2003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	<u>6</u>	_____	_____	_____	\$ <u>4.50</u>
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes No



2001 Minnesota Business Assistance Form

01-0348

RECEIVED AIR 1 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding agency) Brooklyn Park Economic Development Authority		2. Name of person completing this form Theresa Freund		
3. Street address 5200 - 85th Avenue North		4. City Brooklyn Park	5. Zip Code 55443	
6. County Hennepin	7. Phone number 763-493-8059	8. Fax number 763-493-8171	9. E-mail address Theresa@ci.brooklyn-park.mn.us	
10. Please indicate who in your organization should receive the 2003 MBAF if different from the person in Question 3.				
Name/Title		Phone number		Street address
				City
				ZIP code
11. 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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional government		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. § 116J994? (Mark one.) <input checked="" type="checkbox"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria <input type="checkbox"/> Other. (Please attach explanation.)		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. § 116J.993 and §116J.994 (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Brooklyn Boulevard Investors		15. Address where business subsidy or financial assistance will be used. <u>7624 Boone Ave. N. Brooklyn Park, MN</u> <u>55428-1002</u> Street address City ZIP code		
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No.				
Name of parent corporation		Street address		City
				State
				ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate Construction
 Retail Trade Wholesale Trade Other Manufacturing, Distribution, Office

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City / State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location. Relocated to different Minnesota location. Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance. (Please separate value by type in Questions 24 and 25.)</p> <p>\$334,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>May 22, 2000</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>Certificate of Completion issued 9/6/01 & Tax Increment Financing Note issued 9/1/01.</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> Financial assistance </p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p> <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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$334,000.00 <input type="checkbox"/> Guarantee of 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.) _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p> <input checked="" type="checkbox"/> Not applicable, agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district. </p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input type="checkbox"/> Economic development <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)		
Grantor	Value (\$)								
Grantor	Value (\$)								

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.)

<input type="checkbox"/> Enhancing economic diversity	<input checked="" type="checkbox"/> Increasing tax base (cannot be only purpose)
<input checked="" type="checkbox"/> Creating high-quality job growth	<input checked="" type="checkbox"/> Other - providing an impetus for commercial & industrial development of unproductive and/or underutilized property within the Development District.
<input type="checkbox"/> Job retention	
<input type="checkbox"/> Stabilizing the community	

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage & job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/7/01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30 & 31)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer provided health insurance goals for those jobs. (Only indicate job creation goals in full time equivalents if you are unable to separate goals by full and part time positions.)

At least 56 employees must be employed within two years immediately following the date that the Authority issues the Note (9/1/03).

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	56	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer provided health insurance for those jobs. (Only indicate job creation in full time equivalents if you are unable to separate job creation into full and part time positions.)

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	56	_____	_____	_____	\$3.70*

* Documentation has been received showing 54 employees have insurance benefits of \$3.70 an hour. Tenant with 2 employees has not provided insurance information.

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

Yes No has two years to achieve goals after the issuance of the Tax Increment Financing Note.

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate Construction
 Retail Trade Wholesale Trade Other: Manufacturing, Office & Warehouse

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City / State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location. Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance. (Please separate value by type in Questions 24 and 25.)</p> <p>\$286,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>2/1/00 Original Agreement 9/1/00 Amended</p>						
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>4/00 Certificate of Occupancy issued.</p>							
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> Financial assistance</p>							
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$286,000 <input type="checkbox"/> Guarantee of 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.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> Not applicable, agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.</p>						
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input checked="" type="checkbox"/> Economic development <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)
Grantor	Value (\$)						
Grantor	Value (\$)						

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other: providing an impetus for commercial & industrial development of underutilized property within the Development District.

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?	
A) Specific wage & job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5/1/02</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B) Other job creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30 & 31)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer provided health insurance goals for those jobs. (Only indicate job creation goals in full time equivalents if you are unable to separate goals by full and part time positions.)

At least 48 employees must be employed within two years following the date that the Authority issues the note (5/1/02).

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	<u>48*</u>	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

*160% above Federally mandated minimum wage.

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer provided health insurance for those jobs. (Only indicate job creation in full time equivalents if you are unable to separate job creation into full and part time positions.)

Note: See Question #30 above.

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes
- No.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period January 1 through December 31, 2000, 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.)

No.

Name of recipient	Type of subsidy or assistance (See Questions 24 & 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No. (Stop here and submit form to DTED.)

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 on recipient and agreement:

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

36. Reason(s) for default (Mark all that apply.):

recipient ceased operation recipient relocated to a different community

recipient was unable to fill vacant positions other (Specify reason)

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes.

No, recipient has begun to repay the assistance. 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? (Mark one.)

Yes No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2002 to:

2001 Minnesota Business Assistance Form
 Minnesota Department of Trade & Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0353

RECEIVED APR 1 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding agency) Brooklyn Park Economic Development Authority		2. Name of person completing this form Theresa Freund	
3. Street address 5200 - 85th Avenue North		4. City Brooklyn Park	5. Zip Code 55443
6. County Hennepin	7. Phone number 612-493-8059	8. Fax number 763-493-8171	9. E-mail address Theresa@cl.brooklyn-park.mn.us
10. Please indicate who in your organization should receive the 2003 MBAF if different from the person in Question 3.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. 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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional government		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. § 116J994? (Mark one.) <input checked="" type="checkbox"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing-) <input type="checkbox"/> Other. (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. § 116J.993 and §116J.994 (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Gildon, LLC		15. Address where business subsidy or financial assistance will be used. 8617 Xylon Court North Brooklyn Park 55445-1899	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No.			
Name of parent corporation		Street address	
		City State ZIP code	

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other: manufacturing, warehouse & office

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City / State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location. Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance. (Please separate value by type in Questions 24 and 25.) \$255,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 6/26/00</p>								
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Certificate of Occupancy 9/15/00</p>									
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> Financial assistance</p>									
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$255,000 <input type="checkbox"/> Guarantee of 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.) _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> Not applicable, agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.</p>								
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input checked="" type="checkbox"/> Economic development <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="1"> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Grantor</td> <td>Value (\$)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grantor	Value (\$)			Grantor	Value (\$)		
Grantor	Value (\$)								
Grantor	Value (\$)								

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.)

<input type="checkbox"/> Enhancing economic diversity	<input checked="" type="checkbox"/> Increasing tax base (cannot be only purpose)
<input checked="" type="checkbox"/> Creating high-quality job growth	<input checked="" type="checkbox"/> Other: providing an impetus for commercial & industrial development of underutilized property within the Development District
<input type="checkbox"/> Job retention	
<input type="checkbox"/> Stabilizing the community	

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.)

	Goals established?		Target attainment date: (month & Yr)	All goals attained?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A) Specific wage & job goals to be attained within 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/1/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B) Other job creation and/or retention goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/1/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C) Other wage goals	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
D) Other goals other than wage and job goals	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30 & 31)

Note: Has until November 1, 2002 to achieve employment covenant of 60 employees [20 newly created] at 1 1/2 times the Federally mandated minimum wage.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer provided health insurance goals for those jobs. (Only indicate job creation goals in full time equivalents if you are unable to separate goals by full and part time positions.)

Note: Has until November 1, 2002 to achieve employment covenant. 1 1/2 times the Federally mandated minimum wage.

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	20	_____	_____	40	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer provided health insurance for those jobs. (Only indicate job creation in full time equivalents if you are unable to separate job creation into full and part time positions.)

Note: Has until November 1, 2002 to achieve employment covenant.

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

Yes No. Has until November 1, 2002 to achieve employment covenant.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

~~33. During the period January 1 through December 31, 2000, 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.)~~

~~No.~~

Name of recipient	Type of subsidy or assistance (See Questions 24 & 25)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)		
<input type="checkbox"/> Yes (Complete the remainder of this section.)		
<input checked="" type="checkbox"/> No. (Stop here and submit form to DTED.)		
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 on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
<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 (Specify reason)		
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)		
<input type="checkbox"/> Yes. <input type="checkbox"/> No, recipient <u>has begun</u> to repay the assistance. <input type="checkbox"/> No, recipient <u>has not begun</u> to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)		
<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, 2002 to:

2001 Minnesota Business Assistance Form
 Minnesota Department of Trade & Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



2001 Minnesota Business Assistance Form

01-0355

RECEIVED APR 1 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. § 116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding agency) Brooklyn Park Economic Development Authority		2. Name of person completing this form Theresa Freund	
3. Street address 5200 - 85th Avenue North		4. City Brooklyn Park	5. Zip Code 55443
6. County Hennepin	7. Phone number 612-493-8059	8. Fax number 763-493-8171	9. E-mail address Theresa@ci.brooklyn-park.mn.us
10. Please indicate who in your organization should receive the 2003 MBAF if different from the person in Question 3.			
Name/Title		Phone number	
Street address		City	
ZIP code			
11. 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.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> State government <input type="checkbox"/> County government <input type="checkbox"/> Other <input type="checkbox"/> Regional government		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. § 116J994? (Mark one.) <input checked="" type="checkbox"/> Yes (11/4/99 & 3/1/01 criteria attached.) <input type="checkbox"/> No. <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing:) <input type="checkbox"/> Other. (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. § 116J.993 and §116J.994 (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance Unisource Worldwide, Inc.		15. Address where business subsidy or financial assistance will be used. 9001 Wyoming Ave. N., Brooklyn Park 55445-1935	
		Street address	City ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input checked="" type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input type="checkbox"/> No.			
Georgia Pacific		1333 Peachtree Street	Atlanta, GA 30303
Name of parent corporation		Street address	City/State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other: distribution, warehouse & office.

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City / State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location. Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance. (Please separate value by type in Questions 24 and 25.)</p> <p>\$629,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>November 30, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Certificate of Occupancy issued February 21, 2001.</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p><input checked="" type="checkbox"/> Business subsidy <input type="checkbox"/> Financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$629,000 <input type="checkbox"/> Guarantee of 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.) _____</p> <p>Note: TIF Note has not been issued yet.</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input checked="" type="checkbox"/> Not applicable, agreement provided a business subsidy. <input type="checkbox"/> Assistance for the property polluted by contaminants <input type="checkbox"/> Assistance for renovating building stock or bringing it up to code, when 50% or less of total cost. <input type="checkbox"/> Assistance for pollution control or abatement. <input type="checkbox"/> Assistance for a TIF soils condition district.</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> Not applicable, assistance was not in the form of TIF <input type="checkbox"/> Redevelopment <input type="checkbox"/> Renewal and renovation <input type="checkbox"/> Soils condition <input checked="" type="checkbox"/> Economic development <input type="checkbox"/> Mined underground space <input type="checkbox"/> Hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input checked="" type="checkbox"/> No. Grant had been awarded to City. Grant Adjustment Notice Received from DTED stating grant has been terminated per Unisource's request.</p> <p>Grantor(s) and value of the agreement(s):</p> <p>MN-DTED-MLP \$500,000 Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify)

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.)

	Goals established?		Target attainment date: (month & yr)	All goals attained?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
A) Specific wage & job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B) Other job creation and/or retention goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Question 30 & 31)

***Certificate of Completion & Tax Increment Financing Note have not been issued.**

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer provided health insurance goals for those jobs. (Only indicate job creation goals in full time equivalents if you are unable to separate goals by full and part time positions.)

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage level goal	_____	_____	_____	_____	\$ _____
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	151	_____	_____	125	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 and higher	_____	_____	_____	_____	\$ _____

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer provided health insurance for those jobs. (Only indicate job creation in full time equivalents if you are unable to separate job creation into full and part time positions.)

Note: Has two years to achieve goals after the issuance of the Tax Increment Note.

Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	_____	_____	_____	_____	\$ _____
\$7.00 to \$8.99	_____	_____	_____	_____	\$ _____
\$9.00 to \$10.99	_____	_____	_____	_____	\$ _____
\$11.00 to \$12.99	_____	_____	_____	_____	\$ _____
\$13.00 to \$14.99	_____	_____	_____	_____	\$ _____
\$15.00 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.)

- Yes
- No. Has two years to achieve goals after the issuance of the Tax Increment Note.

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

~~33. During the period January 1 through December 31, 2000, 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.)~~

~~No.~~

Name of recipient	Type of subsidy or assistance (See Questions 24 & 25)	Value of subsidy or assistance
-------------------	---	--------------------------------

~~34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)~~

~~Yes (Complete the remainder of this section.) No. (Stop here and submit form to DTED.)~~

~~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 on recipient and agreement:~~

Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance

~~36. Reason(s) for default (Mark all that apply.):~~

~~recipient ceased operation recipient relocated to a different community~~

~~recipient was unable to fill vacant positions other (Specify reason)~~

~~37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)~~

~~Yes.~~

~~No, recipient has begun to repay the assistance. 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? (Mark one.)~~

~~Yes No~~

~~39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.~~

Return your completed MBAF(s) by April 1, 2002 to:

2001 Minnesota Business Assistance Form
 Minnesota Department of Trade & Economic Development - AEO
 500 Metro Square, 121 East 7th Place
 St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0588

2002 Minnesota Business Assistance Form

RECEIVED MAY 24 2002

Post Marked 5-23-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) BIG LAKE ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form JIM THARES	
3. Street address 1100 LAKE ST. N.D.		4. City BIG LAKE	5. ZIP code 55309
6. County SHERBURNE	7. Phone number 763 243 2107	8. Fax number 763 243 0133	9. E-mail address jimt@cl.big-lake.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. SAME			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input type="checkbox"/> Yes, in 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: 10/12/99 Year Criteria Submitted: 1999 <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.) _____	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <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 ATABOY MANUFACTURING	15. Address where business subsidy or financial assistance will be used 20020 - 177th St., BIG LAKE, MN 55309 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No	
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address Reason project not completed at previous address

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$88,971.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">November 21, 2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">June 2001</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____ <input type="checkbox"/> grant (i.e., forgivable loan) \$ _____ <input type="checkbox"/> tax abatement \$ _____ <input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 35,000 <input type="checkbox"/> guarantee of payment \$ _____ <input type="checkbox"/> contribution of property or infrastructure \$ _____ <input type="checkbox"/> preferential use of governmental facilities \$ _____ <input checked="" type="checkbox"/> land contribution \$ 53,971 <input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted 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% or less of total cost: \$ _____ <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input checked="" type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>Value (\$)</td> </tr> </table>	_____	Value (\$)	_____	Value (\$)
_____	Value (\$)				
_____	Value (\$)				

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	June 2003	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	10	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	2	1	---	---	\$1.66
\$13.00 to \$14.99	3	---	---	---	\$2.55
\$15.00 and higher	2	---	---	---	\$1.85

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

Yes No



01-0589

2002 Minnesota Business Assistance Form

RECEIVED MAY 24 11:11 AM
Pact Mn. Vol 5-22-02

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Grantor Information

1. Name of grantor (funding entity) BIG LAKE ECONOMIC DEVELOPMENT AUTHORITY		2. Name of person completing this form JIM THURCS	
3. Street address 160 LAKE ST. NO.		4. City BIG LAKE	5. ZIP code 55309
6. County SHERBURNE	7. Phone number 763-263-2107	8. Fax number 763-263-0133	9. E-mail address jimt@c-big-lake.mn.us
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. SAME			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") <input checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please 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 2002 (attach criteria) <input type="checkbox"/> Yes, in 2002 but have not yet adopted criteria <input checked="" type="checkbox"/> Yes, prior to 2002 If Yes: Hearing Date: 10/22/99 Year Criteria Submitted: 1999 <input type="checkbox"/> No <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2001 through December 31, 2001 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) <input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <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 BIG LAKE COMMERCE CENTER		15. Address where business subsidy or financial assistance will be used 19910 Industrial Dr., BIG LAKE, MN 55309	
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.) <input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No N/A			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

City/State of previous address _____ Reason project not completed at previous address _____

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 Agreement Information

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p style="text-align: center;">\$136,499.00</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p style="text-align: center;">September 22, 2000</p>
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p style="text-align: center;">May 30, 2001; building finished</p>	
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance</p>	
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.</p> <p><input type="checkbox"/> not applicable, agreement provided financial assistance</p> <p><input type="checkbox"/> loan (only principal) \$ _____</p> <p><input type="checkbox"/> grant (i.e., forgivable loan) \$ _____</p> <p><input type="checkbox"/> tax abatement \$ _____</p> <p><input checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 28,000</p> <p><input type="checkbox"/> guarantee of payment \$ _____</p> <p><input type="checkbox"/> contribution of property or infrastructure \$ _____</p> <p><input type="checkbox"/> preferential use of governmental facilities \$ _____</p> <p><input checked="" type="checkbox"/> land contribution \$ 108,499</p> <p><input type="checkbox"/> other (Specify subsidy type.) _____ \$ _____</p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s).</p> <p><input type="checkbox"/> not applicable, agreement provided a business subsidy</p> <p><input type="checkbox"/> assistance for property polluted by contaminants \$ _____</p> <p><input type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____</p> <p><input type="checkbox"/> assistance for pollution control or abatement \$ _____</p> <p><input type="checkbox"/> assistance for a TIF soils condition district \$ _____</p>
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p><input type="checkbox"/> not applicable, assistance was not in the form of TIF</p> <p><input type="checkbox"/> redevelopment</p> <p><input type="checkbox"/> renewal and renovation</p> <p><input type="checkbox"/> soils condition</p> <p><input checked="" type="checkbox"/> economic development</p> <p><input type="checkbox"/> mined underground space</p> <p><input type="checkbox"/> hazardous substance subdistrict</p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p><input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)</p> <p><input checked="" type="checkbox"/> No</p> <p>Grantor(s) and value of the agreement(s):</p> <p>_____ Grantor Value (\$)</p> <p>_____ Grantor Value (\$)</p>

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>June 2003</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	<u>14</u>	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	---	---	---	---	\$---
\$11.00 to \$12.99	---	<u>1</u>	---	---	N/A
\$13.00 to \$14.99	<u>2</u>	---	---	---	N/A
\$15.00 and higher	<u>20</u>	---	---	---	N/A

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

Yes No



01-0110

2001 Minnesota Business Assistance Form

RECEIVED MAR 18 2002

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from **January 1, 2000 through December 31, 2000** per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period **January 1, 2000 through December 31, 2000**: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) <i>City of Austin</i>		2. Name of person completing this form <i>Tom DANKERT</i>	
3. Street address <i>500 4th Ave NE</i>		4. City <i>Austin</i>	5. ZIP code <i>55912</i>
6. County <i>Mower</i>	7. Phone number <i>(507) 437-9959</i>	8. Fax number <i>(507) 433-1693</i>	9. E-mail address <i>tdankert@austin-mn.com</i>
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.			
Name/Title		Phone number	Street address City ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify.) _____		<input checked="" type="checkbox"/> Yes (Indicate hearing date - <i>9/18/2000 and 12/27/2000</i> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

last year's file.

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <i>Cooperative Response Center</i>		15. Address where business subsidy or financial assistance will be used	
		<i>2000 8th St. NW.</i>	<i>Austin MN 55912</i>
		Street address	City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address	City State ZIP code

17. Industry of recipient's facility (Mark one.):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19.)

Austin, MN Outside city limits in County, not ideal for employees and
City/State of previous address Reason project not completed at previous address needed room for expansion.

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

until another site was secured (could have been outside MN).

Section 3 General Information About the Agreement

20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) Up to \$237,978.07 in TIF plus low interest revolving loan and grant.

21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended) November 16, 2000

22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) Should be realized in early 2002 (Construction In Process)

23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)

business subsidy financial assistance

24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.

not applicable, agreement provided financial assistance

loan (only principal) \$ _____
 grant (i.e., forgivable loan) \$ _____
 tax abatement \$ _____
 TIF or other tax reduction or deferral \$237,978.07
 guarantee of payment \$ _____
 contribution of property or infrastructure \$ _____
 preferential use of governmental facilities \$ _____
 land contribution \$ _____
 other (Specify subsidy type.) 2% loan \$ _____

25. If the assistance was one of the four types of financial assistance, please indicate the type(s)

not applicable, agreement provided a business subsidy

assistance for property polluted by contaminants \$ _____
 assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ _____
 assistance for pollution control or abatement \$ _____
 assistance for a TIF soils condition district \$ _____

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

not applicable, assistance was not in the form of 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 (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary.)
 No

Grantor(s) and value of the agreement(s):

DTED \$150,000 2% loan → See Tom Gast
Grantor Value (\$)

Grantor Value (\$)

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) _____

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/31/2003</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$ ---
less than \$7.00	---	---	---	---	\$ ---
\$7.00 to \$8.99	---	---	<u>25*</u>	<u>50</u>	\$ <u>Unknown</u>
\$9.00 to \$10.99	---	---	---	---	\$ ---
\$11.00 to \$12.99	---	---	---	---	\$ ---
\$13.00 to \$14.99	---	---	---	---	\$ ---
\$15.00 and higher	---	---	---	---	\$ ---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$ ---
\$7.00 to \$8.99	---	---	---	<u>50</u>	\$ <u>0.90</u>
\$9.00 to \$10.99	---	---	<u>7.35</u>	---	\$ <u>1.00</u>
\$11.00 to \$12.99	---	---	<u>1.0</u>	---	\$ <u>1.20</u>
\$13.00 to \$14.99	---	---	<u>3.0</u>	---	\$ <u>1.40</u>
\$15.00 and higher	---	---	<u>4.0</u>	---	\$ <u>1.50</u>

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

- Yes No

* - 24 FTE's @ \$8.90/hour or greater,
1 FTE @ \$8.40 per hour



01-0613

2001 Minnesota Business Assistance Form

- # The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Post Marked 5.24.02

Section 1 Information About Grantor

1. Name of grantor (funding entity) <u>CITY OF SPRING VALLEY EDA</u>		2. Name of person completing this form <u>MICHAEL BISHOP</u>	
3. Street address <u>112 W. CANTLAND</u>		4. City <u>SPRING VALLEY</u>	5. ZIP code <u>55975</u>
6. County <u>FILLMORE</u>	7. Phone number <u>527 346 7367</u>	8. Fax number <u>527 346 7249</u>	9. E-mail address <u>mbishop@edatestmedia.com</u>
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2			
Name: <u>EDA DIRECTOR</u>		Phone number: <u>AS above</u>	
Title: _____		Street address: _____	
City: _____		ZIP code: _____	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		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 checked="" type="checkbox"/> City government <input type="checkbox"/> County government <input type="checkbox"/> Regional government <input type="checkbox"/> State government <input type="checkbox"/> Other (Please specify: _____)		<input type="checkbox"/> Yes (Indicate hearing date - <u>11/17/99</u> - and amend <u>6/21/2000</u> and attach criteria) <input type="checkbox"/> No <input type="checkbox"/> We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - _____) <input type="checkbox"/> Other (Please attach explanation.)	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)			
<input checked="" type="checkbox"/> Yes (Complete the remainder of the form.) <input type="checkbox"/> No (Stop here, go to section 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance <u>SPRING VALLEY Mutual Ins. Co.</u>		15. Address where business subsidy or financial assistance will be used <u>SU, MN</u> <u>110 S. BROADWAY</u>	
Street address		City	State ZIP code <u>55975</u>
16. Does the recipient have a parent corporation? (Mark one.)			
<input type="checkbox"/> Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) <input checked="" type="checkbox"/> No			
Name of parent corporation		Street address City State ZIP code	

17. Industry of recipient's facility (Mark one):

Manufacturing Services Finance, Insurance, Real Estate
 Retail Trade Wholesale Trade Construction Other (please specify) _____

18. Did the recipient relocate as a result of signing this agreement? (Mark one)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)
 No (Go to Question 19)

117 1/2 COURTLAND ST. NW 55475 Project allowed business to
 City/State of previous address Reason project not completed at previous address
 rehab dilapidated bldg. downtown

19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)

Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota

Section 3 General Information About the Agreement

<p>20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)</p> <p>\$ 75,000</p>	<p>21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)</p> <p>9/1/2000</p>				
<p>22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)</p> <p>8/1/2002 (1st INCREMENT REBATE)</p>					
<p>23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.)</p> <p> <input type="checkbox"/> business subsidy <input type="checkbox"/> financial assistance </p>					
<p>24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type</p> <p> <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 checked="" type="checkbox"/> TIF or other tax reduction or deferral \$ 75,000 <input type="checkbox"/> guarantee of 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.) _____ \$ _____ </p>	<p>25. If the assistance was one of the four types of financial assistance, please indicate the type(s)</p> <p> <input type="checkbox"/> not applicable, agreement provided a business subsidy <input type="checkbox"/> assistance for property polluted by contaminants \$ _____ <input checked="" type="checkbox"/> assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost \$ 75,000 <input type="checkbox"/> assistance for pollution control or abatement \$ _____ <input type="checkbox"/> assistance for a TIF soils condition district \$ _____ </p>				
<p>26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)</p> <p> <input type="checkbox"/> not applicable, assistance was not in the form of TIF <input checked="" type="checkbox"/> redevelopment <input type="checkbox"/> renewal and renovation <input type="checkbox"/> soils condition <input type="checkbox"/> economic development <input type="checkbox"/> mined underground space <input type="checkbox"/> hazardous substance subdistrict </p>	<p>27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)</p> <p> <input type="checkbox"/> Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) <input checked="" type="checkbox"/> No </p> <p>Grantor(s) and value of the agreement(s):</p> <table border="0"> <tr> <td>_____</td> <td>Value (\$)</td> </tr> <tr> <td>_____</td> <td>Value (\$)</td> </tr> </table>	_____	Value (\$)	_____	Value (\$)
_____	Value (\$)				
_____	Value (\$)				

E.F.H
 put out
 should 3/2/02

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
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (please specify) Downtown revitalization

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.)

	Goals established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Other job-creation and/or retention goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Other goals other than wage and job goals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>12/23/00</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)

Handwritten notes: E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ.

30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	---	---	---	---	\$---
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	<u>N/A</u>	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 and higher	---	---	---	---	\$---

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	---	---	---	---	\$---
\$7.00 to \$8.99	---	---	---	---	\$---
\$9.00 to \$10.99	<u>N/A</u>	---	---	---	\$---
\$11.00 to \$12.99	---	---	---	---	\$---
\$13.00 to \$14.99	---	---	---	---	\$---
\$15.00 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.)

- Yes No

