

2025 Minnesota Financial Assistance Form

2024 that fall under the old t the project towards meeting having the plant and the state of the	on grant or loan and raises the threst olic financial participation are still responsible for the still responsible for th	shold for a public he required for two-vea	raring requirement ar periods under the s. (See §116J.993, the DEED website. ar year 2008 through provide the status of to help the activities and where
Section 1: Grantor Information			
1. Name of grantor (funding entity): Port Au	thority of Winona		
Name of person completing this form: Nick			
Address: 207 Lafayette Street	Winona	55987	Winona
Street Address	City	Zip Code	County
Phone: 507/457-8250 Fax: 507	/457-8212 _{Email:} NLar	son@winonamr	n.gov
2. Indicate who in your organization should re			
Name:	Title:		
Address:			
Street Address		City	Zip Code
Phone:	Email:		
3. Classification of grantor (If grantor is entity would check "City government".)	created by government agency, in	ndicate affiliation. Fo	or example, a city EDA
City government County gov	vernment Other (specify):	
State government Regional go	overnment		

Section 2: Recipient Information

4. Name of business or organization rec	ceiving financi	al assistance: 8th ar	nd Jefferson, LLC		
5. Address where business subsidy or fi					
1101 E. 8th Street			Winona	55987	
Street Address	Street Address		City	Zip Code	
6. Type of organizational structure of re	ecipient receiv	ing financial assistanc	ce		
C-Corporation (cion S-Corporation		Limited Liabili	ty Corporation (LLC)	
Other (Please specify):					
7. Does the recipient have a parent cor	poration?				
Yes (If yes, answer questions belo	w. If more th	an one owner, indicat	te ultimate owner)	No	
Name of parent corporation:					
Street Address			City	Zip Code	
3. Industry of recipient's facility			,		
()Manufacturing	Serv	ices	Finance, I	nsurance, Real Estate	
Retail Trade	Wholesale Trade		Construction		
	O	riedate riede	O sometrase		
Other (specify):					
Costion 2. Agreement Info					
Section 3: Agreement Info				-	
9. Project Start Date: 09/01/2023	E	Expected Project Com	pletion Date: 8/1/2025		
10. Please specify all funding sources for funding sources used by the recipies			ment if available). The tak	ole should include all	
Identify Private or Public Pa	rticipant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)	
1. Public		\$ 146,567	TIF	Capital Improvement	
2. Private		\$3,138,697	Bank loan	Capital improvements	
3.		\$			
4.		\$			
5.		\$			

11. Total Project Budget (all sources): \$\\$3,285,264

Public Participation of total budget: $\frac{4.5\%}{}$

12. Minn. Stat. §116J.994 require Which of the following public		d financial assistance agreemer he agreement (Mark all that ap	
Enhancing economic diversity	Increasing tax base (cannot be only pu	urpose)	g high-quality job growth
Job retention	✓ Stabilizing the con		specify).
Note: If job creation or reten	tion is not a goal then ple	ase skip to Question 14.	
Section 4: Goals and A	ctual Performance	e <u>-</u>	
13. Job Creation and/or Retention	Goals (first year report) a	and Actuals (second year repor	t):
For each of the following categor financial assistance agreement ar including the average hourly valu (Full-time jobs are defined as new agreement in which employees a new job in which an employee we Job retention is defined as jobs at agreement. There must be evider	nd the number of actual (ne of any employer-provide of any employer-provide of permanent, non-seasons re scheduled to work on a orks for the recipient at a reasons ca specific wage level that	ew) jobs created and/or retained benefits goals for those jobs. al positions created subsequen verage at least a 40-hour work rate less than 40 hours per wee exist prior to the signing of the	ed since the benefit date t to the financial assistance week. Part-time is defined as a k within a recipient location). e financial assistance
specific and demonstrable.	ice that the retained jobs	Will be 1052 William at Illiam at a	sistence of where job loss is
Goals	Total Number of Employees	Average Hourly Wage Level	Average Hourly Value of Health Insurance
New Full-time Job Creation			
New Part-time Job Creation			
Job Retention			
Actuals	Total Number of Employees	Average Hourly Wage Level	Average Hourly Value of Health Insurance
New Full-time Job Creation			
New Part-time Job Creation			
Job Retention			
14. What is the status of the proj The manufacturing facilit		ve they been in meeting stated oth St., Winona was heavil	_

The manufacturing facility located at 1101 E. 8th St., Winona was heavily damaged by fire in March of 2022. Without the financial assistance the business would have moved out of Winona. The construction is anticipated be complete summer/early fall 2025. The project is progressing well and when complete will have eliminated blight, stabilized the community, and increased the tax base.