

2025 Minnesota Financial Assistance Form

A 2008 amendment to Minn. Stat. §116				·
The new threshold is \$150,000 for either also to \$150,000. However, reports of p	•		•	•
old threshold levels of between \$25,00				6J.993,
Section 2, Subdivision 3). Additional no	DEED LISE ONLY	Report Year 20	25	website.
 Please use this form to report on all fin 	MBAF Year:	2023	· · · · · · · · · · · · · · · · · · ·	38 through
2024 that fall under the old threshold l	Region #: 5	outhers t		e status of
the project towards meeting goals state		3-28-2025		3
legislative body understand how local t				and where
additional state financial resources may	rideking #.		are reguned.	
 Questions? Call (651) 259-7179. Please 	mail completed for	m before April 1 to	Minnesota Depar	tment of
Employment and Economic Developme	nt, Economic Analys	is Unit,		
■ Great Northern Building, 180 E 5th St, S	Suite 1200, St. Paul N	//N 55101; or fax to	: (651) 215-3841	
Section 1: Grantor Information	on			
1. Name of grantor (funding entity): Port		ona		
Name of person completing this form: N	ick Larson			
Address: 207 Lafayette Street		Winona	55987	Winona
Street Address		City	Zip Code	County
Phone: 507/457-8250 Fax: 5	07/457-8212	Email: NLarson@winonamn.gov		
2. Indicate who in your organization should	I receive the MBAF i	f different than the	person listed above	ve.
Name:	Titl	e:		
Address:				
Street Address			City	Zip Code
Phone:	Ema	ile		
Thoric.				
3. Classification of grantor (If grantor is ent would check "City government".)	ity created by gover	nment agency, indi	cate affiliation. Fo	r example, a city EDA
City government	government	Other (specify):		
State government Regiona	l government			

Section 2: Recipient Information

Name of business or organization receiving financial assistance: Pillbox Bat Company LLC					
5. Address where business subsidy or financial assistance will be used: 460 W. 3rd Street		Winona	55987		
Street Address		City	Zip Code		
6. Type of organizational structure of recipient recei	ving financial assistanc	e			
C-Corporation S-Corporation		Limited Liability Corporation (LLC)			
Other (Please specify):					
7. Does the recipient have a parent corporation?					
Yes (If yes, answer questions below. If more the	nan one owner, indicat	e ultimate owner))No		
Name of parent corporation:					
Street Address		City	Zip Code		
8. Industry of recipient's facility					
Manufacturing Serv	● Manufacturing Services		Finance, Insurance, Real Estate		
Retail Trade Wh	ail Trade Wholesale Trade Construction		on		
Other (specify):					
Section 3: Agreement Information					
9. Project Start Date: 6/8/2022	Expected Project Comp	oletion Date: 1/1/2023			
 Please specify all funding sources for project (at funding sources used by the recipient to fund th 	tach sources/use state		e should include all		
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)		
1. Public	\$ 28,875	Port Authority loan	Equipment		
2. Private	\$33,000	Bank Loan	Equipment		
3. Private	\$20,000	Owner Equity	Equipment		
4.	\$				
5.	\$				
11. Total Project Budget (all sources): \$81,875	Publ	ic Participation of total buc	lget: 35%		

12. Minn. Stat. §116J.994 require Which of the following public		he agreement (Mark all that ap	
diversity	(cannot be only po	urpose)	
Job retention	Stabilizing the con		specify):
Note: If job creation or reter	ntion is not a goal then ple	ase skip to Question 14.	
Section 4: Goals and A	ctual Performance	2	
13. Job Creation and/or Retention	n Goals (first year report) a	and Actuals (second year repor	t):
For each of the following categor financial assistance agreement are including the average hourly value	nd the number of actual (n	ew) jobs created and/or retain	ed since the benefit date
agreement in which employees a new job in which an employee w Job retention is defined as jobs a agreement. There must be evide specific and demonstrable.	orks for the recipient at a l t a specific wage level that	rate less than 40 hours per wee exist prior to the signing of the	k within a recipient location). e financial assistance
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	ect and how successful ha	ve they been in meeting stated	goals?

Pillbox Bat Company needed to upgrade and add equipment to increase productions and expand into new market sectors. As a result of the project, Pillbox Bat entered into License Agreements with Major League Baseball, MLB Players Associations, and Fanatics.