

## 2025 Minnesota Financial Assistance Form

| •  | A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business subsidy. |                           |                 |                          |                       |  |  |  |
|--|---|---------------------------|-----------------|--------------------------|-----------------------|--|--|--|
|  | The new threshold is \$150,000 for either   | grant or loan and         | traises the thr | eshold for a public hea  | 0 .                   |  |  |  |
|  | also to \$150,000. However, reports of  | DEED LIFE OFFICE          |                 | 2025                     | inder the             |  |  |  |
|  | old threshold levels of between \$25,00   | DEED USE ONLY:            | Report Year_    | 2022                     | 6J.993,               |  |  |  |
| _  | Section 2, Subdivision 3). Additional nc  | MBAF Year:                | owhere          | 10                       | website.              |  |  |  |
| •  | Please use this form to report on all fir   |                           | 440             |                          | 08 through            |  |  |  |
|  | 2024 that fall under the old threshold the project towards meeting goals state                                    | Date Received:            | 3-28-20         | 72                       | ie status of          |  |  |  |
|  | legislative body understand how local u   | Tracking #:               | 0 23            |                          | e<br>and where        |  |  |  |
|  |   |                           |                 | orts are required        | and where             |  |  |  |
| <ul> <li>additional state financial resources may be best utilized. No additional reports are required.</li> <li>Questions? Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of</li> </ul> |   |                           |                 |                          |                       |  |  |  |
|  | Employment and Economic Developmen  |                           | -               | 1 to Minnesota Depar     | then of               |  |  |  |
|  | Great Northern Building, 180 E 5th St, Si   |                           |                 | ex to: (651) 215-3841    |                       |  |  |  |
|  | G, car,   | anco 2200, ott. : dai . : | 33 20 2, 0      | (051) 115 00 11          |                       |  |  |  |
| C  | action 1. Cuantau Informatio  |                           |                 |                          |                       |  |  |  |
| 2  | ection 1: Grantor Informatio  | 'II                       |                 |                          |                       |  |  |  |
| 1.   | Name of grantor (funding entity): Port A  | Authority of Wind         | ona             |                          |                       |  |  |  |
|  | Name of person completing this form: $N$  | ck Larson                 |                 |                          |                       |  |  |  |
|  | Address: 207 Lafayette Street   |                           | Winona          | 55987                    | Winona                |  |  |  |
|  | Street Address  |                           | City            | Zip Code                 | County                |  |  |  |
|  | Phone: 507/457-8250 Fax: 50   | 07/457-8212               | Email: NL       | arson@winonamn           | .gov                  |  |  |  |
| 2  | Indicate who in your organization should  | receive the MRAF if       | different than  | the nerson listed above  | /A                    |  |  |  |
| ۲.   | maleate who in your organization should   | receive the Mb/ti         | anrerent than   | the person nated above   | · C.                  |  |  |  |
|  | Name:   | Title                     | e:              |                          |                       |  |  |  |
|  | Address:  |                           |                 |                          |                       |  |  |  |
|  | Street Address  |                           |                 | City                     | Zip Code              |  |  |  |
|  | Street Address  |                           |                 | City                     | Zip Code              |  |  |  |
|  | Phone:  | Emai                      | l:              |                          |                       |  |  |  |
|  | Classification of grantor (If grantor is enti-<br>would check "City government".)                                 | ty created by govern      | nment agency,   | indicate affiliation. Fo | r example, a city EDA |  |  |  |
| (  | City government County g  | overnment                 | Other (speci    | fy):                     |                       |  |  |  |
| (  | State government Regional   | government                | ~               |                          |                       |  |  |  |

## **Section 2: Recipient Information**

| 4. Name of business or organization receiving financ   | tial assistance: Hiatt  | ndustries LLC  |  |  |
|--|-------------------------|--|--|--|
| 5. Address where business subsidy or financial assist<br>1638 Homer Road                                 | Winona                  | 55987  |  |  |
| Street Address   | City                    | Zip Code   |  |  |
| 6. Type of organizational structure of recipient recei   | ving financial assistan | ce   |  |  |
| C-Corporation S-Corporation  |                         | <ul><li>Limited Liability Corporation (LLC)</li></ul>  |  |  |
| Other (Please specify):  |                         |  |  |  |
| 7. Does the recipient have a parent corporation?   |                         |  |  |  |
| Yes (If yes, answer questions below. If more the   | nan one owner, indica   | te ultimate owner)                                     | )No  |  |
| Name of parent corporation:  |                         |  |  |  |
|  |                         |  |  |  |
| Street Address   |                         | City   | Zip Code   |  |
| 8. Industry of recipient's facility  |                         |  |  |  |
| ● Manufacturing Serv   | /ices                   | Finance, Insurance, Real Estate                        |  |  |
| Retail Trade Who   | olesale Trade           | Construction   |  |  |
| Other (specify):   |                         |  |  |  |
|  |                         |  |  |  |
| Section 3: Agreement Information   |                         | ×  |  |  |
| 9. Project Start Date: 4/20/2021   | Expected Project Com    | pletion Date: 6/7/2022                                 |  |  |
| 10. Please specify all funding sources for project (at funding sources used by the recipient to fund the | tach sources/use state  |  | le should include all  |  |
| Identify Private or Public Participant   | (\$) Value              | Type of Assistance<br>(grant, loan, TIF,<br>TAF, etc.) | Use of Funds<br>(i.e., infrastructure,<br>cleanup, capital<br>improvement) |  |
| 1. Public  | \$30,000                | Port Authority Loan                                    | New construction   |  |
| 2. Private   | \$1,870,000             | Bank Loan  | New Construction   |  |
| 3.   | \$                      |  |  |  |
| 4.   | \$                      |  |  |  |
| 5.   | \$                      |  |  |  |
| 11. Total Project Budget (all sources): \$ 1,900,000   | ) Pub                   | lic Participation of total bud                         | dget: 1.6%   |  |

| 12. Minn. Stat. §116J.994 require<br>Which of the following public   |  | d financial assistance agreemer<br>he agreement (Mark all that ap                                      |   |
|--|--|--|---|
| Enhancing economic diversity  Job retention  | Increasing tax base (cannot be only pu   | urpose) Other (s   | g high-quality job growth 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  | 2  |   |
| 13. Job Creation and/or Retention  | n <b>Goals</b> (first year report) a   | and <b>Actuals</b> (second year repor  | t):   |
| For each of the following categor<br>financial assistance agreement ar<br>including the average hourly valu  | nd the number of actual (n   | ew) jobs created and/or retain   | ed since the benefit date   |
| (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 specific and demonstrable. | re scheduled to work on a<br>orks for the recipient at a r<br>t a specific wage level that | verage at least a 40-hour work<br>rate less than 40 hours per wee<br>exist prior to the signing of the | week. Part-time is defined as a<br>ek within a recipient location).<br>e financial assistance |
| Goals  | Total Number of<br>Employees   | Average Hourly Wage<br>Level   | Average Hourly Value of<br>Health Insurance   |
| New Full-time Job Creation   |  |  |   |
| New Part-time Job Creation   |  |  |   |
| Job Retention  |  |  |   |
| Actuals  | Total Number of<br>Employees   | Average Hourly Wage<br>Level   | Average Hourly Value of<br>Health Insurance   |
| New Full-time Job Creation   |  |  |   |
| New Part-time Job Creation   |  |  |   |
| Job Retention  |  |  |   |

14. What is the status of the project and how successful have they been in meeting stated goals? The Port Authority provided a \$30,000, 5-year deferred loan that is forgivable upon completing (construction was completed 6/7/2022) and occupying the building for 5-years after the execution of the Port loan agreement dated 4/20/2021.