

Minnesota Investment Fund Federal Revolving Loan Fund Annual Report

Community Development Block Grant Economic Development (CDBG-ED)
Reporting Period: October 1, 2015 – September 30, 2016

The U.S. Department of Housing and Urban Development requires that all local governments that receive HUD CDBG-ED funds from DEED's Minnesota Investment Fund report annually on the status of these dollars if placed in a revolving loan fund account. Complete the following form(s) and return no later than **October 25, 2016**.

GRANTEE INFORMATION

Grantee (Local Government): _____

Contact Person _____ Email: _____

REVOLVING FUND LOAN INFORMATION

Income on hand at the close out or end of last reporting period, September 30, 2015	
Income received during current reporting period (interest, repayments, etc.), October 1, 2015-September 30, 2016	
Amount expended this period, October 1, 2015-September 30, 2016 Allowable expenditures - check all that apply: <input type="checkbox"/> Loan(s) <input type="checkbox"/> Funds transferred to an approved LDO <input type="checkbox"/> Approved transfer to support a SCDP application	
Balance in revolving loan fund as of September 30, 2016	

CERTIFICATION:

I certify to the best of my knowledge and belief that the data in this report is true and accurate.

Preparer Name: _____ Title: _____

Signature: _____ Date: _____



If no funds were disbursed during this reporting period and you do not have additional accomplishments to report for loans from prior years, stop here and return to this page to Lisa Dargis at Lisa.Dargis@state.mn.us or via postal mail at Lisa Dargis, DEED Office of Business Finance, 332 Minnesota St, Suite E200, St. Paul, MN 55101



If funds were disbursed during this period for loans, continue on with pages 2-4 of this report, the *Federal Revolving Loan Fund Expenditures Form*. If you have additional job creation or retention accomplishments to report for a loan reported in a prior period, continue on with pages 5-6 of this report, the *Job Goal Update Form*.

Minnesota Investment Fund Program
Federal Revolving Loan Fund Expenditures Form
Community Development Block Grant Economic Development (CDBG-ED)
Reporting Period: October 1, 2015 – September 30, 2016

This form needs to be completed for ***each*** Revolving Loan Fund Loan made during this reporting period and returned no later than ***October 25, 2016***.

BUSINESS INFORMATION

Business Name: _____ DUNS Number: _____

Address: _____ City: _____ State: MN Zip: _____

Assistance to Business (select only one):

- New/Start Up Business Business Expansion Business Facade/Building Rehabilitation

NATIONAL OBJECTIVE

1) 18 A – ED Direct Financial Assistance to For-Profits (select only one):

- LMJ – Low to Moderate Jobs Benefit SBA – Slum/Blight Area Benefit URG – Urgent Need

2) Company base employment _____ (prior to loan)

3) Proposed number of jobs to be created: _____ Deadline for job creation _____

4) Proposed number of jobs to be retained: _____ Required period for job retention _____

*Jobs retained require potential job loss be publicly verified via news media or company verification at a public meeting.

5) Environmental Review (select only one): Exempt Completed

(Note: All projects require DEED environmental review officer sign-off, even if they are exempt)

*Refer to the [Guide to National Objectives and Eligible Activities for State CDBG Programs](#) for more information.

6) Was Davis Bacon triggered for this project? No Yes

* For information regarding compliance with Davis Bacon and Labor Standards please go to [Labor Standards and Enforcement](#) on the HUD website for more information.

7) Was this business relocated from another labor market area? No Yes

8) Were the Uniform Relocation and Acquisition (URA) requirements triggered on this project? No Yes

* For more information about URA requirements please visit [Real Estate Acquisition and Relocation](#).

LOAN INFORMATION

Initial Funding Date: _____ Forgivable Loan Loan Interest Rate: _____ Loan Term: _____

Loan Status: Open Closed (because goals have been achieved)

EXPENDITURES

	Federal MIF (CDBG-ED)	Other Federal	State / Local	Private	Other	Total
Project Funding						
Activity Costs						

PLEASE NOTE: Activity costs are limited to the **lessor** of 10% of the Federal MIF loan amount or \$5,000, and must be directly related to this loan. Activity costs are a one-time cost per loan and **cannot** include Grantee staff time.

Use of CDBG-Ed Funds:

- Site Improvement
 New Construction
 Property Acquisition
 Renovation of Existing Building
 Machinery & Equipment

PROJECT STATUS

Briefly describe the project and current status:

DEMOGRAPHIC

***Each employee hired must complete a Job Information Form. Summarize the data collected from the forms in the tables below.

	White	Black / African American	Asian	American Indian / Alaskan Native	Native Hawaiian / Other Pacific Islander	American Indian / Alaskan Native & White	Asian & White	Black / African American & White	American Indian / Alaskan Native & Black / African American	Other Multi-Racial	Asian / Pacific Islander	Hispanic
Total												
Hispanic / Latino												

JOB CREATION/RETENTION

Job Title	Type of Job Created (see job codes below)	LMI Determination		Total weekly hours	Was this person unemployed prior to taking this job?	Does this employee receive employer sponsored health care benefits?
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
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		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			
		<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Non LMI			

Jobs Codes: (1) Officials & Managers, (2) Professional, (3) Technicians, (4) Sales, (5) Office and Clerical, (6) Craft Workers – Skilled, (7) Operatives – Semi Skilled, (8) Laborers, (9) Service Workers

Local Government Certification:

I certify to the best of my knowledge and belief that the data in this report is true and accurate.

Preparer Name: _____ Title: _____

Signature: _____ Date: _____

Please return completed form to Lisa Dargis at Lisa.Dargis@state.mn.us or via postal mail at Lisa Dargis, DEED Office of Business Finance, 332 Minnesota Street, Suite E200, St. Paul, MN 55101

FOR DEED USE ONLY

Loan Officer Signature: _____ Date Reviewed: _____

IDIS Date: _____ Activity # _____ Staff Initials: _____

Minnesota Investment Fund Program Job Goal Update Form

Community Development Block Grant Economic Development (CDBG-ED)

This form needs to be completed for ***each*** Revolving Loan Fund Loan reported during a previous reporting period that you would like to update, and returned no later than **October 25, 2016**.

BUSINESS INFORMATION

Business Name: _____

JOB INFORMATION

- 1) Company base employment _____ (prior to loan)
- 2) Job Goals: To be Created _____ To be Retained _____ Deadline for job creation _____

	Jobs Created	Jobs Retained
Jobs Reported Previously		
Additional Jobs Reporting		
Total Jobs Reported		

LOAN INFORMATION

Initial Funding Date: _____ During what reporting period was this loan reported to DEED? _____

Loan Status: Open Closed (because goals have been achieved)

PROJECT STATUS

Briefly describe the project and current status:

DEMOGRAPHIC

Each employee hired must complete a Job Information Form. Summarize the data collected from the forms for the additional jobs you are reporting in the tables below.

	White	Black / African American	Asian	American Indian / Alaskan Native	Native Hawaiian / Other Pacific Islander	American Indian / Alaskan Native & White	Asian & White	Black / African American & White	American Indian / Alaskan Native & Black / African American	Other Multi-Racial	Asian / Pacific Islander	Hispanic
Total												
Hispanic / Latino												

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