

Greater Minnesota Job Expansion Program First Claim Report/Annual Report

First Claim Report: _____ Annual Report: _____ Reporting Period Ending: ____/____/_____

Grant Number GMBE - _____

Reporting Requirement: Prior to filing for a sales tax refund from the Department of Revenue, businesses must submit a First Claim Report or an Annual Report to DEED. The First Claim Report is used when a business seeks to request a refund prior to First Annual Report being due. Business are required to complete an Annual Report, due date to be established in the agreement, for seven (7) years. The seven years includes the year the award was granted and the six month following years. **Failure to submit a report to DEED could delay your sales tax refund request.**

Section I. Business Name

Business Name: _____

DBA/Trade Name (if any): _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____

Address where the award is being used (if different than above):

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Section II. Authorized Business Representative Information

Name: First: _____ M.I.: _____ Last: _____ Title: _____

Phone: _____ Email Address: _____

Has any of the above information changed since your application submittal or last filing? Yes: _____ No: _____

- 2) Has the business increased the number of FTEs at the facility since the GMJEP award date?
Yes: ____ No: ____
- a. How many new FTE's have been hired since the award date? _____
- b. Current total number of FTE's at the facility: _____
- 3) Are all of the business' employees at the expansion facility paid, compensation including wages and non-mandated benefits of at least 120% of the federal poverty guideline for a family of four (\$16.00 per hour as of 2022)? Yes: ____ No: ____
- a. If yes, what is the lowest hourly wage paid at the facility? \$_____ hr.
- b. What are the costs of the non-mandated benefit package for employee? _____ hr.
- 4) Has the business received additional local or state financial assistance since the Business Subsidy Agreement was signed? Yes: ____ No: ____
- If, yes please provide the type and amount: _____

Section IV. Certification

The undersigned certifies that any statement or representation in this report, or information provided herein, is true and complete to the best of his or her knowledge:

Print Name/Title of Business Representative: _____

Signature of Business Representative: _____ Date: _____

Submit reports by email or mail to:

Sarah.miller@state.mn.us

Phone: 651-259-7434

Or by mail to:

MN DEED

Sarah M Miller/GMJJE Program

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