

## 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: \_\_\_\_\_

### Section III. Award Agreement

The Greater Minnesota Job Expansion Program's (GMJEP) goal is to increase job creation in the Greater Minnesota. Please use the following definitions when answering the questions below:

- Use full-time equivalents (FTEs) (1FTE = 2080 hours worked per year).
  - FTE positions must pay Social Security and worker's compensation.
  - The employee must be employed by the GMJEP qualified business, (i.e. not a contracted employee)
  - Total hourly compensation includes cash wages and non-legally mandated benefits.
  - Included your payroll register or record
- 1) Please list **ALL** positions at the facility. Please note, if you have more than 10 employees, DEED has developed an excel spreadsheet for this question. The supplemental spreadsheet can be found on the "Apply" tab of the [Greater MN Job Expansion Program Overview](#).

Job Title	Date of Hire	Lowest Hourly Wage for this Position	Hourly Value of Non-Mandatory Benefits	Total Hourly Compensation of Lowest Paid Position	Total Hours Paid in the Last 12 Months

- 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 (\$18.55 per hour as of 2025)? 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:  
GreaterMNJEP.DEED@state.mn.us

Or by mail to:

MN DEED  
GMJE Program  
180 E 5th Street, Suite 1200  
St. Paul, MN 55101