

Greater Minnesota Job Expansion Program Application Form

The greater Minnesota Job Expansion Program provides a tax benefit to qualified Greater Minnesota businesses that increase their employment. Greater Minnesota is generally the area outside the Twin Cities seven county metro area. Qualified businesses that meet employment growth goals will receive sales tax refunds, subject to award limits, for purchases made during the 7-year period that the business is certified. Refer to the program's Frequently Asked Questions (FAQs) for guidance on completing this application.

Section I. Business Name and Identifying Information

Business Name: _____

DBA/Trade Name (if any): _____

Previous Name(s) (if any): _____

Street Address 1: _____

Street Address 2: _____

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

Phone: _____ Website: _____

Business Type: C Corp S Corp LLC LLP Partnership Sole Proprietor Other: _____

FEIN: ____-_____ MN Tax ID: _____

Date operations began in Greater Minnesota: _____

Does your business participate in a traded sector (sells a significant amount of goods or services in non-local markets?) Yes: ____ No: ____

Business Industry Classification (NAICS) 6 digit code: _____

Find the code at [NAICS Code website](#)

List the location of the business expansion facility (if different than above). Complete a separate application for each additional facility.

Facility Name: _____

Street Address: _____

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

Section II. Authorized Business Representative Information

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

Phone: _____ Email Address: _____

Section III. Projections**1. Projected Taxable Purchases**

Please enter the projected purchases subjected to sales tax at the business expansion facility for the 7-year certification period for which you are applying.

Annual Projected Purchases Subject to Sales Tax (7-Year Period)

2025:\$ _____

2026:\$ _____

2027:\$ _____

2028:\$ _____

2029:\$ _____

2030:\$ _____

2031:\$ _____

2032:\$ _____

2033:\$ _____

2034:\$ _____

2035: \$ _____

Total: \$ _____**2. Requested Amount**

Use the following formula to determine potential award amount of the expansion.

$$\text{\$} \text{_____} \times \text{_____} \% = \text{\$} \text{_____}$$
Total Expenditures X Sales Tax Rate = Requested Amount

3. Planned Capital Expenditures

Please enter the information below indicating the estimated dollar amount of real property improvements (building/land, not including acquisition) and capital equipment expenditures (machinery/equipment) for the first three years for which you are applying:

Building/Land Expenditures (not including acquisition)

2025:\$ _____

2026:\$ _____

2027:\$ _____

2028: \$ _____

Machinery/Equipment Expenditures

2025: \$ _____

2026: \$ _____

2027: \$ _____

2028: \$ _____

4. Planned Capital Expenditures Explanation

Provide a brief overview of any planned capital expenditures for the first three years at the business expansion facility:

Section IV. Qualification Information**1. Please list ALL positions at the facility.**

Please note, if you have more than 10 positions, 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. Current Employment Status at the Business Expansion Facility

- Current number of Full Time Equivalent* (FTE) employees in the State of Minnesota: _____
- Current number of Full Time Equivalent (FTE) employees: _____
- Number of FTEs to be created at the facility within three years: _____
- Total Number of FTEs to exist at the facility within three years: _____
- Does the company's expansion plans include any employee relocations? Yes: _____ No: _____
- Attach the most recent payroll register for business expansion facility. If there are currently no employees, attach a statement attesting to the lack of payroll and equipment.

**"FTE" means one or a combination of employees that work 2080 hours in one 12-month period. These employees must be direct employees and for whom the business is required to pay social security, unemployment insurance and worker's compensation. Student workers, interns, contracted or temporary employees are not included in calculating the FTE numbers.*

3. Payroll Information

a. Compensation* of lowest paid current employee at the business expansion facility:

\$_____per/hr

b. Anticipated average compensation* of new employees at the business expansion facility:

\$_____per/hr

**compensation includes cash wages and benefits not mandated by law*

Please note the business is required to pay all of their employees at the business expansion facility at least 120% of the federal poverty guideline for the year for a family of four before seeking a sales tax refund. For 2025, 120% of the federal poverty level for a family of four is \$38,580 per year, or \$18.55 per hour based on a 2080 hour work year. This rate is adjusted annually and must be met for the 7-year certification period.

4. Type of Business

Describe the primary business activity at the business expansion facility:

5. Other Assistance

List and provide amount of other financial assistance and location in which the business has received within the last five years or expects to receive related to this expansion from state or local governments, such as tax credits, loans, grants, tax increment financing, and tax abatements:

Subsidy Grantor	Subsidy Amount	Date Subsidy Received/Will be Received	Type of Subsidy	Location where Subsidy Received/Used

Section V. Application Fee

The application fee is \$500 or 3% of the award, whichever is greater, up to a maximum of \$10,000. Only businesses that receive the award pay the application fee.

Section V. Certifications Authorizations

The undersigned:

- a. Has filed a copy of this application with (print name of official) _____, the chief clerical officer of the city in which the facility is located (or, if an agricultural processing facility outside a city's boundaries, the county's chief clerical officer), and
- b. Grants the State of Minnesota and its agents the right to contact any and all persons as the State may deem necessary to verify the accuracy or completeness of any and all Applicant Data, and
- c. Agrees to execute and deliver written authorization for the release of data or for any and all data privacy waivers reasonably required for the State to verify the accuracy or completeness of Application Data, and
- d. Acknowledges that it is aware it will be disqualified from any further consideration for financial assistance from the Greater Minnesota Job Expansion Program if any Applicant Data proves to have been false or misleading at the time it was made, and that the act of providing any such false Applicant Data may subject the business to the penalties provided in Minn. Stat. 609.645 (Fraudulent Statements).

Data Privacy Acknowledgement:

Tennessen Warning Notice: We are requesting this data to determine if you are eligible for an award under the Greater Minnesota Job Expansion Program. You don't have to provide the information, but failure to do so will make it difficult to determine if you are eligible for an award. The data you provide is private and cannot be shared without your permission.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of the Greater Minnesota Job Expansion Program.

Business Certification:

Financial Assistance Certification: I hereby certify that the Greater Minnesota Job Expansion Program is necessary to my business expand and that without the Greater Minnesota Job Expansion Program my business expansion project would not happen to the extent outlined in the Application. I certify that I will not count any existing positions or employees moved or relocated from another of Minnesota facility where my business conducts operations as full-time equivalent for the purposes of fulfilling requirements of the Greater Minnesota Job Expansion Program. I certify I will not terminate, lay-off, or reduce the working hours of an employee for the purpose of hiring an individual to fulfill the requirements of the Greater Minnesota Job Expansion Program.

I have read the above statements and I agree to supply the information required to the MN Department of Employment and Economic Development, Office of Business Finance with full knowledge of the information Provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Print Name/Title of Business Representative: _____

Signature of Business Representative: _____ Date: _____

Submit applications or inquiries to:
GreaterMNJEP.DEED@state.mn.us

Or by mail to:

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

**Consent to Release Private Business Employment and Wage data
Collected and Maintained by the Unemployment Insurance Program
Minnesota Department of Employment and Economic Development (DEED)**

Your business is requesting financial assistance from a DEED business finance program that requires a commitment to create and/or retain jobs at selected wage levels. To help verify your current and future employment and wage levels during your participation in the program, DEED's Business Finance office staff needs to review the monthly and quarterly employment and wage data that you submit to DEED's Unemployment Insurance Program (UIP).

Because your UIP employment and wage data is private, it cannot be provided to Business Finance staff without your permission. The data that will be provided with our permission includes aggregate Minnesota employment levels for your company and at the project site, as well as specific wages and hours worked by your individual employees in Minnesota. **It is important to note that data or information on specific individuals will be identity-protected so information such as social security numbers or names will not be provided.**

Once you provide permission for UIP to share the data, UIP can provide the data to the Office of Business Finance. You have the right to not provide consent by refusing to sign this consent form, however, refusal may limit business finance program eligibility. The Office of Business Finance may not release the data to any parties other than to your business representatives and will only receive the data until all job creation and wage level commitments have been met.

To view the data or if you have questions, please contact Stephen Wolff, Interim Executive Director, Office of Business Finance at 651-259-7415 or Stephen.Wolff@state.mn.us.

I give my permission for the Unemployment Insurance Program to release monthly and quarterly employment and wage data to DEED's Office of Business Finance; and I understand that this data will be used by the office of Business Finance to verify job and wage goal attainment associated with financial assistance it provides.

Signature of Business Representative

Company

Date

Printed Name of Business Representative

Position

E-mail

Phone

**Consent to Release Private or Nonpublic Data
Collected and Maintained by the Minnesota Department of Revenue**

Tennessen Warning Notice: Per Minnesota Statutes, Section 13.04, Subdivision 2, we are requesting data from your business determine if the business is eligible for assistance from the Minnesota Department of Employment and Economic Development (DEED). You are not required to provide the requested information, but failure to do so will result in the department's inability to determine your eligibility for assistance. The data you provide that are classified as private or nonpublic data will not be shared without your permission except as allowed by state or federal law or as required by a court order.

Information Sharing Authorization: DEED requires information about you from the Minnesota Department of Revenue (MDOR) to administer the Greater Minnesota Job Expansion Program. By executing this Authorization, you are authorizing the exchange of private or nonpublic data between DEED and MDOR. Data that are subject to disclosure are those required to administer the program, including those related to whether you have submitted sales tax refund claims to MDOR under Minnesota Statutes, Section 297A.68, Subdivision 44 (exempting sales and use taxes for purchases of tangible personal property or taxable services by businesses qualified under the Greater Minnesota Job Expansion Program); when such claims were filed; the amount of the claims; and the status of the refund amounts made on the claims. This authorization expires four years after the expiration of the Business Subsidy Agreement between you and DEED.

Data Privacy Acknowledgement: Certain financial information about the business that you provide when applying for financial assistance are classified as private or nonpublic data under Minnesota Statute 13.591, Subdivision 1, such as credit reports; financial statements; net worth calculations; business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Other data you provide when applying for financial assistance may be classified as private data under Minnesota Statute 116J.401, Subdivision 3; including data collected on individuals pursuant to the operations of business finance programs.

1. I have read and understood the information provided above and I agree to supply DEED with the information requested.
2. I authorize the exchange of required information between DEED and MDOR.
3. I affirm that, as an officer or authorized agent of the business, I have authority to sign this for on behalf of the business.

Signature of Business Official: _____ Date: _____

Print Name & Title of Business Official: _____

Name of Business: _____

FEIN of Business: _____ MN State ID: _____