

- Use the Minnesota Business Assistance Form to report each business subsidy and financial assistance agreement signed from August 1, 1999, through December 31, 2024, unless goals have been achieved and reported on a MBAF per Minn. Stat. §116J.993 to §116J.995. [You may complete and submit this form online](#), instead of submitting a paper version.
- The following government agencies must submit a MBAF: 1) any local government/agency that signed a business subsidy agreement since January 1, 2008, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies; 3) business assistance that exceeds \$150,000.
- DEED will contact all local or state government agency that is required to report by April 1. Business assistance may not be awarded after June 1 of each year until a report has been submitted.
- Questions? Call 651-259-7179. Information on where to mail or fax your completed MBAF(s) is on page 7.

Section 1: Grantor Information

1. Name of grantor (funding entity): _____

Name of person completing this form: _____

Address: _____

Street Address

City

Zip Code

County

Phone: _____ Fax: _____ Email: _____

2. Indicate who in your organization should receive the MBAF if different than the person listed above.

Name: _____ Title: _____

Address: _____

Street Address

City

Zip Code

Phone: _____ Email: _____

3. Classification of grantor (*If grantor is entity created by government agency, indicate affiliation. For example, a city EDA would check "City government".*)

City government

County government

Other (specify): _____

State government

Regional government

4. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994?

Yes, in 2024 (attach criteria)

Yes, prior to 2024

Other (attach explanation)

Yes, in 2024 but have not yet
adopted criteria

No

If yes, what is the Hearing Date: _____ Year Criteria Submitted: _____

5. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 21, 2024, unless goals have been achieved and reported in a previously filled MBAF?

Yes (Complete the remainder of the form unless goals have been achieved and reported in a previously filed MBAF per Minn. Stat. §116J.993 and §116J.994)

No (Go to **Section 5**)

Section 2: Recipient Information

6. Name of business or organization receiving subsidy or financial assistance:

7. Address where business subsidy or financial assistance will be used:

Street Address	City	Zip Code
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8. Does the recipient have a parent corporation?

Yes (If yes, answer questions below. If more than one owner, indicate ultimate owner) No

Name of parent corporation: _____

Street Address	City	Zip Code
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9. Industry of recipient's facility

Manufacturing	Services	Finance, Insurance, Real Estate
Retail Trade	Wholesale Trade	Construction

Other (specify): _____

10. Did the recipient relocate as a result of signing this agreement?

Yes (If yes, answer questions below) No

City/State of previous address: _____

Reason project not completed at previous address:

Indicate total number of employees who ceased to be employed by recipient when the recipient relocated to become eligible for the business subsidy: _____

11. What would recipient have done without business subsidy or financial assistance?

Remain at previous location, but not expand	Remain at previous location, but expand at the location
Relocated outside Minnesota	Relocate to different Minnesota location

Other (explain): _____

11a. Was the project a result of eminent domain? Yes No

Section 3: Agreement Information

12. Total dollar value of business subsidy or financial assistance (**Separate value by type in Questions 16 and 17**):

13. Dates agreement signed and/or amended: _____

14. Benefit Date: _____

(Indicate the date the recipient receives the business subsidy. If the subsidy involves physical equipment, then the benefit date is the date the equipment is placed into service. If the business subsidy involves property improvements, the benefit date is when the improvements are finished or when the business occupies the property.)

15. Does the agreement provide a business subsidy, or one of the four types of financial assistance (see Question 17) required to be reported? Business Subsidy Financial Assistance

16. If the agreement provided a business subsidy, indicate the type(s) and total dollar value for each type.

Not applicable, agreement provided financial assistance

Loan (only principal) \$ _____

Grant (i.e. forgivable loan) \$ _____

Tax abatement \$ _____

TIF or other tax reduction of deferral \$ _____

(For questions about TIF reporting requirements, contact Jason Nord with the Minnesota Office of the State Auditor at 651-296-7979)

Guarantee or payment \$ _____

Contribution of property or infrastructure \$ _____

Preferential use of government facilities \$ _____

Land contribution \$ _____

Other (specify subsidy type: _____) \$ _____

17. If the assistance was one of the four types of financial assistance, indicate the type(s).

Not applicable, agreement provided a business subsidy

Assistance for property by contaminants \$ _____

Assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50 percent or less of total cost \$ _____

Assistance for pollution control or abatement \$ _____

Assistance for TIF soils condition district \$ _____

18. If the assistance included tax increment financing, indicate the type of TIF district (choose one)

Not applicable, assistance was not in the form of TIF

Redevelopment \$ _____

Renewal and renovation \$ _____

Soils condition \$ _____

Economic development \$ _____

Mined underground space \$ _____

Hazardous substance subdistrict \$ _____

19. Are any other grantors providing a business subsidy or financial assistance to the same project?

Yes (If yes, specify each grantor and the value or their assistance; attach additional sheets if necessary)

No

Grantor	Value (\$)
1.	\$ _____
2.	\$ _____

Section 4: Goals and Public Purpose Identified in the Agreement

20. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose.

Which of the following public purposes were stated in the agreement (Mark all that apply)

Enhancing economic diversity

Increasing tax base (cannot be only purpose)

Creating high-quality job growth

Job retention

Stabilizing the community

Other (specify): _____

21. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report.

Goals	Goals established Y/N	Target attainment dates (month & year)	All goals attained? Y/N
A) Specific wage and job goals to be attained within 2 years			
B) Other job-creation and/or retention goals			
C) Other wage goals			
D) Goals other than wage and job goals			

22. For each of the following wage categories, indicate the (new) job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided benefits goals for those jobs. (Full-time jobs are defined as new, permanent, non-seasonal positions created subsequent to the business subsidy agreement in which employees are scheduled to work on average at least a 40-hour work week. Part-time is defined as a new job in which an employee works for the recipient at a rate less than 40-hours per week within a recipient location). Job retention is defined as jobs at a specific wage level that exist prior to the signing of the business subsidy agreement.

There must be evidence that the retained jobs will be lost without business assistance or where job loss is specific and demonstrable.

Hourly Wage (excluding benefits)	A. (New) Full-time Job Creation	B. (New) Part-time Job Creation	C. Job Retention	Total Jobs (A+B+C)	Hourly Value of Health Insurance	Hourly Value of Non-Health Insurance Benefits
No hourly wage – level goal					\$	\$
Less than \$7.00					\$	\$
\$7.00 - \$8.99					\$	\$
\$9.00 to \$10.99					\$	\$
\$11.00 to \$12.99					\$	\$
\$13.00 to \$14.99					\$	\$
\$15.00 to \$16.99					\$	\$
\$17.00 to \$18.99					\$	\$
\$19.00 to \$20.99					\$	\$
\$21.00 to \$22.99					\$	\$
\$23.00 to \$24.99					\$	\$
\$25.00 to \$26.99					\$	\$
\$27.00 to \$28.99					\$	\$
\$29.00 to \$30.99					\$	\$
\$31.00 and higher					\$	\$

23. For each of the following wage categories, indicate the number of **actual** (new) job created and/or retained since the benefit date and the **actual** hourly value of any employer-provided voluntary benefits for those jobs (Full-time jobs are defined as new, permanent, non-seasonal positions created subsequent to the business subsidy agreement in which employees are scheduled to work on average at least a 40-hour work week. Part-time is defined as a new job in which an employee works for the recipient at a rate less than 40-hours per week within a recipient location). Job retention is defined as jobs at a specific wage level that exist prior to the signing of the business subsidy agreement. There must be evidence that the retained jobs will be lost without business assistance or where job loss is specific and demonstrable.

Hourly Wage (excluding benefits)	A. (New) Full-time Job Creation	B. (New) Part-time Job Creation	C. Job Retention	Total Jobs (A+B+C)	Hourly Value of Health Insurance	Hourly Value of Non-Health Insurance Benefits
No hourly wage – level goal					\$	\$
Less than \$7.00					\$	\$
\$7.00 - \$8.99					\$	\$
\$9.00 to \$10.99					\$	\$
\$11.00 to \$12.99					\$	\$
\$13.00 to \$14.99					\$	\$
\$15.00 to \$16.99					\$	\$
\$17.00 to \$18.99					\$	\$
\$19.00 to \$20.99					\$	\$
\$21.00 to \$22.99					\$	\$
\$23.00 to \$24.99					\$	\$
\$25.00 to \$26.99					\$	\$
\$27.00 to \$28.99					\$	\$
\$29.00 to \$30.99					\$	\$
\$31.00 and higher					\$	\$

24. Has the recipient achieved **all goals** (see Questions 21, 22, and 23) and fulfilled **all obligations** stipulated in the agreement? Yes No

Section 5: Recipients Failing to Fulfill Obligations

Do not complete the section below if you completed it on another MBAF submitted to DEED. Note below which MBAF includes the information.

25. During the period August 1, 1999 through December 31, 2024, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994?

Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)

No

Name of recipient: _____

Type of subsidy or assistance (See Questions 16 and 17): _____

Value of subsidy or assistance: _____

26. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on August 1, 1999, through December 31, 2024, that was required to be fulfilled by the time of this report? Yes (Complete remainder of form) No (Stop here and submit form to DEED)

For Questions 27-31, provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting (Attach additional pages if necessary).

27. Information of recipient and agreement

Name of recipient in default: _____

Address: _____

Street Address

City

Zip Code

County

Type of subsidy or assistance: _____

Initial value of subsidy or assistance: _____

Outstanding value of subsidy or assistance: _____

28. Reason(s) for default (check all that apply)

Recipient ceased operation

Recipient relocated to a different community

Recipient was unable to fill vacant positions

Other (specify reason)

29 To date, has the recipient fulfilled its repayment obligation?

Yes

No, recipient **has begun** to repay
the assistance

No, recipient **has not begun** to
repay the assistance

30. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? Yes No

31. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2025

Mail To:

Minnesota Department of Employment and Economic Development
Economic Analysis Unit
Great Northern Building
180 E 5th St, Suite 1200
St. Paul, MN 55101

OR

Fax To:

651-215-3841

Next year, submit your information using our [online form](#).