

# Minnesota Forward Fund Consolidated Appropriations Act Program Application

## APPLICATION PROCEDURES

The Minnesota Forward Fund Consolidated Appropriations program provides state funding to match existing federal funds made available in the Consolidated Appropriations Act, Public Law 117-328, for (1) businesses to construct and operate a bio-industrial manufacturing pilot innovation facility, biorefinery, or commercial campus utilizing agricultural feedstocks, or (2) for a Minnesota aerospace center for research, development and testing, or both (1) and (2). The program is available statewide. Applications are accepted on a continuing basis until all funds are committed.

Submit application and all applicable documents by email (preferable) or mail to:

Chinwe Ngwu  
Office of Business Finance  
Minnesota Department of Employment & Economic Development  
180 E 5<sup>th</sup> Street, Suite 1200  
St. Paul, MN 55101  
[chinwe.ngwu@state.mn.us](mailto:chinwe.ngwu@state.mn.us)

## PRE-AWARD PROCESS

1. The business submits the completed Minnesota Forward Fund Consolidated Appropriations Act program application to DEED.
2. DEED evaluates the application and notifies the business of approval or denial of an award. If approved, DEED will inform the business via an award letter, which will indicate the intended award amount. Awards of \$500,000 or more require DEED to hold a public hearing prior to making the award. Awards of \$200,000 or more require that the awardee adhere to Minnesota prevailing wage statutes and rules.
3. The business must procure a resolution of support from the municipality or local unit of government in which the project will be located and have it submitted to DEED. A resolution template is included in this application.

## POST-AWARD PROCESS

4. DEED and the business will enter into a Business Subsidy Agreement (BSA) specifying the details of the award, including the job creation and capital investment goals. The business and DEED sign the BSA. The date of final signature is considered the project Award Date.
5. Jobs created and/or capital investment expenditures made on or after the February 1, 2023, related to this project may be counted toward goals.
6. The business will submit required annual progress reports, payment request documentation, and other information requested by DEED.

## SECTION 1 – Local Government and Business Applicant Information

Local Government Information	
Local Government Project Sponsor (Town, City, County):	Local Government Contact Name and Title:
Email:	Telephone:
Address:	City/State/Zip:

### Local Government Certification

I hereby certify that as the local government contact for the proposed Minnesota Forward Fund project, I have reviewed the application and business information. I agree to work with the Minnesota Forward Fund program business applicant to supply the information requested to the Minnesota Department of Employment and Economic Development, Office of Business Finance.

Name/Title of Local Government Contact:

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Signature of Local Government Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Business Information	
Business Legal Name:	Parent Company (If Applicable):
Street Address for Project Site:	Business Mailing Address:
City/State/Zip for Project Site:	Business Mailing City/State/Zip:
Primary Business Contact:	Contact Title:
E-mail:	Telephone:
Business Website:	FEIN:
NAICS Code (#####):	State of Minnesota SWIFT Vendor Number* (#####-###):
<p>1. Has the applicant completed the DEED demographic survey?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If you answered "No" to this question, please complete the DEED demographic survey using the link on page 19 of this application.</p>	
<p>2. What type of business is this?</p> <p>a. <input type="checkbox"/> Bio-Industrial Manufacturing-related</p> <p>b. <input type="checkbox"/> Aerospace-related</p>	
<p>3. Did or will the business receive federal funding?</p> <p>a. Yes <input type="checkbox"/> (if yes include award letter and loan agreement)</p> <p>b. No <input type="checkbox"/> (if no, skip to question 8)</p>	
<p>4. What is the amount of Federal Funding?</p> <p>_____</p>	
<p>5. Is the funding provided in phases?</p> <p>a. Yes <input type="checkbox"/> (if yes answer question 6)</p> <p>b. No <input type="checkbox"/></p>	
<p>6. Which phase is this?</p> <p>_____</p>	
<p>7. Who is the Federal Grantor Agency?</p> <p>_____</p>	
<p>8. Does the property or the business have any outstanding local, state, or federal tax liabilities?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If you answered "Yes" to this question, please describe.</p>	
<p>9. Are there current or unsatisfied judgements or injunctions against the business or owners?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If you answered "Yes" to this question, please describe.</p>	

10. Have any of the business current staff who will have authority to access the funds provided by DEED, or determine how the funds are used, been convicted of a felony financial crime in the last ten (10) years?

☐ Yes ☐ No

11. Is there current or pending litigation involving the business?

☐ Yes ☐ No If you answered "Yes" to this question, please attach a summary and disposition.

12. Within the past five (5) years, has there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal, or local government agency?

☐ Yes ☐ No If you answered "Yes" to this question, please attach a copy of the violation(s), citation(s), or complaint(s) and the disposition of each.

\* Every individual or organization doing business with the state is considered a vendor. If you are intending on submitting an application, you will need to register as a vendor by going to: <https://mn.gov/mmb/accounting/swift/vendor-resources/>. The vendor number will ensure proper payment via electronic funds transfer (EFT). For new vendors, please note that approval of your registration may take 3-4 business days. If you need assistance obtaining a Vendor Number or completing the registration process, please call 651-201-8100, Option 1

## SECTION 2 – Business Summary

**Summarize your business using the following information. Limit each response to 100 words or less:**

1. Describe the activity/purpose of your business:

Attach as additional document if information exceeds space or is too small to read

2. Describe/identify the problem your product/service will solve:

Attach as additional document if information exceeds space or is too small to read

3. Describe your state of market readiness (when, timeline):



Attach as additional document if information exceeds space or is too small to read

4. Describe/Identify your target market(s) (who, size, location, etc.):



Attach as additional document if information exceeds space or is too small to read

5. Describe/Identify your competitor(s) and your competitive advantage(s):

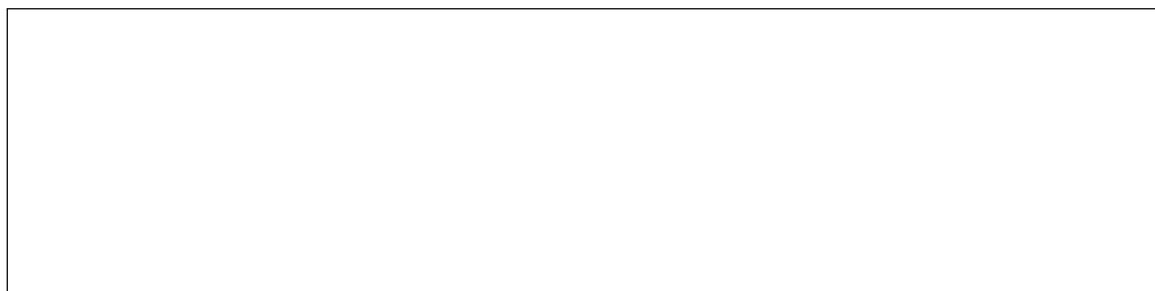


Attach as additional document if information exceeds space or is too small to read

## SECTION 3 – Business & Project Overview

6. Project Description:

Provide a description of the project including background of the project site, acquisition and/or improvement, future use information, etc. *(Limit response to 500 words or less, attach additional pages if necessary):*



Attach as additional document if information exceeds space or is too small to read

7. Has the project started (i.e., contracts have been signed, leases, language have been executed, building permits have been issued, or construction started on-site)?

☐ Yes ☐ No If you answered "Yes" to this question, provide start date and description.

Date: \_\_\_\_\_

Describe below: *(Limit response to 500 words or less, attach additional pages if necessary):*

Attach as additional document if information exceeds space or is too small to read

8. Project Type:

- ☐ Start-up Company (New business with no parent company or current operations)
- ☐ Minnesota Expansion – On Site (Expansion of an existing facility)
- ☐ Minnesota Expansion – Off Site (Expansion of an existing MN company at a new site)
- ☐ Out of State Expansion (Expansion to MN by a company with existing operations outside of MN)

9. Business Type & provide documentation listed:

- ☐ Corporation: Articles of Incorporation, By-Laws, Certificate of Incorporation
- ☐ Partnership: Partnership Agreement
- ☐ LLC: Articles of Organization, Operating Agreement, Member Control Agreement, Certificate of Organization
- ☐ Sole Proprietorship: Assumed Name Certificate, Affidavit of Publication
- ☐ Foreign Corporation: Certificate of Authority to Transact Business in Minnesota and in home state

10. Attach three years historical financials (profit & loss/balance sheets), 2 years financial projections, and year to date internally generated financials. CPA audited or reviewed financials are required. If not available, copies of tax returns will be required

11. List holders of outstanding stock of 10% or more of business ownership. For holders over 10% that are active in the business and holders over 20%, personal financial statements must be submitted.

Name	Title	% of Ownership

12. List officers / key employees and include resumes (President, Vice President, etc.):

Name	Title	Years at Company

*Section 3 attachments (#9,10,11):*

- ☐ Business Type Documentation (e.g., articles of incorporation)
- ☐ 3 Yrs. Financials
- ☐ 2 Yrs. Projections
- ☐ YTD Financials
- ☐ Personal Financial Statements (if applicable)

13. Have state environmental review requirements been met for the project?

☐ Yes   ☐ No   ☐ Not Applicable

14. Project Timeframe:

Task:	Estimated Completion Date (MM/YYYY):
Commitment of Funds	
Start of Construction	
Purchase Equipment	
Complete Construction	
Begin Operations	

15. Project Sources and Uses:

Use of Funds	Bank(s)	Equity	State (e.g. MIF)	Local Government	Federal Funds	Other	Total
Property Acquisition							
Site Improvement							
New Construction							
Renovations of an Existing Building							
Purchase of Machinery & Equipment							
Other							
<b>Total Project Cost</b>							

Description of "Federal Funds" source of funds: \_\_\_\_\_

Description of "Other" source of funds: \_\_\_\_\_

Description of "Other" use of funds: \_\_\_\_\_

16. List and provide amount of other public financial assistance and location 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 loans, grants, or project specific tax benefits (e.g., tax increment financing, tax abatements, tax refunds):

Subsidy Grantor	Subsidy Amount	Date Received/ Will be Received	Type of Subsidy	Location where Subsidy Received / Used
Example: City	\$100,000	01/01/16	Loan	St. Cloud, MN

17. Current number of employees in Minnesota (full-time equivalent based on 2,080 hours): \_\_\_\_\_

18. Current number of employees (full-time equivalent based on 2,080 hours) at the proposed Minnesota Forward Fund project site: \_\_\_\_\_

(Include employees that will relocate from another Minnesota site to the Minnesota Forward Fund project site)



19. Do you anticipate any reduction of positions (non-transfers) at your other Minnesota company sites during the next two years?

☐ Yes   ☐ No   If you answered "Yes" to this question, please describe:

20. Will any jobs be relocated from another Minnesota site to the proposed Minnesota Forward Fund project site:

☐ Yes   ☐ No   If you answered "Yes" to this question, which location(s) will the employees be relocated from?

Location	# of Employees

If jobs will be relocating from another Minnesota location, a letter in support of the move from the city from which jobs will be moving must be included with this application.

21. Projected number of new permanent FTE (full-time equivalent based on 2,080 hours) positions to be created at the proposed Minnesota Forward Fund project site over the next five years:

	To be Created in Year 1	To be Created in Year 2	To be Created in Year 3	To be Created in Year 4	To be Created in Year 5
# of New Permanent, Full-Time Employees					

JOB CREATION FORM – List All Permanent Jobs to Be Created in Years 1-5

POSITION TITLE List Permanent FTE (full-time equivalent based on 2,080 hours) Positions Only*	YEAR	NUMBER OF POSITIONS	HOURLY CASH WAGE W/O BENEFITS	HOURLY VALUE OF BENEFITS**	TOTAL HOURLY COMPENSATION INCLUDING BENEFITS

Total Jobs to be Created in Years 1-5: \_\_\_\_\_

*\*For the purposes of the Forward Fund program, FTE jobs considered must be non-contract, non-seasonal, permanent positions.*

*\*\* Only eligible non-mandated benefits to the employee. Social security tax, unemployment insurance, workers compensation insurance and other benefits mandated by law must be excluded.*

## SECTION 4 – Business Acknowledgement and Certifications

### Data Privacy Acknowledgement:

**Tennessen Warning Notice:** per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for assistance from the Minnesota Department of Employment and Economic Development. You are not required to provide the requested information, but failure to do so may result in the department's inability to determine your eligibility for assistance. The data you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws.

**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 business finance programs.

### Business Certification:

**Financial Assistance Certification:** I hereby certify that the Minnesota Forward Fund program is necessary to our business start-up or expansion and that without the Minnesota Forward Fund our business start-up or expansion project would not happen to the extent outlined in the Minnesota Forward Fund Application. We certify that we will pay prevailing wages as required under the laws of the State of Minnesota, if applicable. We certify we will enlist the services of DEED's Employment and Training staff and will sign a Job Listing Agreement as a condition to receiving funds in excess of \$200,000 from the Minnesota Department of Employment and Economic Development.

I have read the above statements and I agree to supply the information requested to the Minnesota 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.

Name/Title of Business Official: \_\_\_\_\_

Signature of Business Official: \_\_\_\_\_ Date: \_\_\_\_\_

## Conflict of Interest Disclosure Form

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee's obligation to be familiar with the Office of Grants Management (OGM) [Grants Policy 08-01 Conflict of Interest Policy for State Grant-Making \(January 2022 Effective Date 1/1/22\)](#) and to disclose any conflicts of interest accordingly.

All grant applicants must complete and sign a conflict of interest disclosure form.

☐ I or my grant organization do NOT have an ACTUAL or POTENTIAL conflict of interest.

If at any time after submission of this form, I or my grant organization discover any conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

☐ I or my grant organization have an ACTUAL or POTENTIAL conflict of interest. *(Please describe below):*

If at any time after submission of this form, I or my grant organization discover any additional conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

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Organization

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Printed Name and Title of Business Contact

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Phone

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Signature

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Date

## Job Listing Notice

A business receiving financial assistance from the State of Minnesota in an amount in excess of \$200,000 for a single project shall work with DEED's Employment and Training staff to list any vacant or new positions related to the project on [www.minnesotaworks.net](http://www.minnesotaworks.net) site per Minn. Stat. 116L.66. The employer is also encouraged to enlist the services of DEED's Employment and Training staff to recruit and refer job candidates.

The Job Listing requirements follow these steps:

1. At the time of financing award, DEED's Business Finance Office will provide written notification of the award to DEED's Employment and Training staff. This notification will include the business name, address and phone number (as well as for the contact person) and the number and type of jobs to be created as a result of the DEED assistance.
2. The Employment and Training representative will contact the business to schedule a meeting to sign a Job Listing Agreement that details how positions will be posted on [www.minnesotaworks.net](http://www.minnesotaworks.net). The employer is required to list only those job openings that are part of the project DEED is assisting.
3. Managerial positions, positions that require unusual skills, knowledge, abilities and/or experience not common to the labor market, and job openings to be filled by internal promotion will not subject to the Agreement and need not be listed on [www.minnesotaworks.net](http://www.minnesotaworks.net).
4. The business will notify the Employment and Training staff of job openings and will ensure that job vacancies are entered into [www.minnesotaworks.net](http://www.minnesotaworks.net) at least 15 days prior to the anticipated hiring date. Employment and Training staff may refer the employer to free services that can expedite the job order entry.
5. Applicants will follow instructions on [www.minnesotaworks.net](http://www.minnesotaworks.net) to apply for open positions. However, the business will make all decisions on which candidates they will interview and hire.
6. The employer may continue to use other recruitment and job referral services in addition to [www.minnesotaworks.net](http://www.minnesotaworks.net) and may fill positions prior to meeting with Employment and Training staff and signing the Job Listing Agreement.

The Job Listing Notice is designed to help businesses recruit and hire qualified candidates. If you have questions about using [www.minnesotaworks.net](http://www.minnesotaworks.net), please contact your local Employment and Training staff at <https://mn.gov/deed/business/help/workforce-assistance/wf-strategy.jsp> or the [www.minnesotaworks.net](http://www.minnesotaworks.net) Help Desk Specialist at (651) 259-7500.

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### Certification

I have read the above information and understand that as a recipient of state financial assistance in excess of \$200,000, a representative shall meet with DEED Employment and Training staff and agree to sign a job listing agreement and post project-related jobs on [www.minnesotaworks.net](http://www.minnesotaworks.net) following the meeting.

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Printed Name of Business Contact

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Title

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Phone

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Signature

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Date

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E-mail

## Prevailing Wage Certification

To: Minnesota Department of Labor and Industry  
Prevailing Wage Compliance Unit  
443 Lafayette Road N.  
St. Paul, MN 55155

Re: Prevailing Wage Certification – Minn. Stat. §116J.871

\_\_\_\_\_ is a recipient of financial assistance from the Minnesota Department of Employment and Economic Development for the Project identified below.

As required by Minn. Stat. §116J.871, subd. 2, [INSERT RECIPIENT NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS] \_\_\_\_\_,

\_\_\_\_\_ hereby certifies to the Commissioner of Labor and Industry, that laborers and mechanics at the project site during construction, installation, remodeling or repairs for which the financial assistance will be provided, in whole or part, will be paid the prevailing wage rate as defined in Minn. Stat. §177.42, subd. 6. Prevailing wages paid to laborers and mechanics at the project site shall comply with the prevailing wage rates determined for \_\_\_\_\_ County, Minnesota.

\_\_\_\_\_ understands that failure to pay prevailing wage is a misdemeanor and that each day of violation is a separate offense under Minn. Stat. §116J.871, subd. 3.

Project Name: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Site Address: \_\_\_\_\_

Financial Assistance Contract Number: \_\_\_\_\_

By: _____	Signature: _____
Print Name of Authorized Representative	Signature of Authorized Representative

Its: _____	Date: _____
Authorized Representative's Title	Date Signed and Certified

## INFORMATION FOR RECIPIENTS

Recipients must ensure all laborers and mechanics at the project site during construction, installation, remodeling or repairs for which the financial assistance from a state agency will be provided is performed under contracts that specifically include the prevailing wage rate requirements of the Minnesota Prevailing Wage Act, Minnesota Statutes sections 177.41-.44 and Minnesota Rules, sections 5200.1000-.1120 (hereinafter “MPWA”).

Recipients also must ensure that contractors and their subcontractors will comply with the requirements of the MPWA, including recordkeeping, completion and submission of certified payroll reports, posting and contract requirements and the requirement that laborers and mechanics at the project site during construction, installation, remodeling or repairs for which the financial assistance will be provided are paid the applicable prevailing wage rate(s) for each classification of work they perform. These requirements and enforcement provisions are set forth at Minn. Stat. § 116J.871, subd. 2(a).

In accordance with the MPWA and because the Commissioner, pursuant to Minn. Stat. § 177.30(a)(7), has deemed certain payroll information necessary and appropriate, recipients must also ensure that each employer performing work at the project site during construction, installation, remodeling or repairs for which financial assistance from a state agency is provided will prepare, maintain as required, and provide to the Department of Labor and Industry upon request, certified payroll reports with respect to the wages and benefits paid to employees specifying for each employee: the employee’s name; prevailing wage job classifications; hours worked each day; total hours; rates of pay; gross amount earned; each deduction for taxes; total deductions; net pay for week; dollars contributed per hour for each benefit, including name and address of administrator; benefit account number; and telephone number for health and welfare, vacation or holiday, apprenticeship training, pension, and other benefit programs.

These same certified payroll records must be submitted to the contracting authority no more than 14 days after the end of each pay period and retained by the employer for a minimum of three years after the final payment is made on the project. Minn. Stat. §§ 177.30, subd.(a)(7), .43, subd. 3. A sample certified payroll form is available at [http://www.dli.mn.gov/sites/default/files/pdf/pw\\_certified\\_payroll\\_form.pdf](http://www.dli.mn.gov/sites/default/files/pdf/pw_certified_payroll_form.pdf). The state agency awarding the financial assistance is considered the contracting authority. Minn. Stat. § 116J.871, subd. 2(b).

Recipients of financial assistance from a state agency should contact the Department of Labor and Industry for applicable prevailing wage rates and guidance on how to comply with prevailing wage requirements in Minnesota Statutes, section 116J.871 and the MPWA:

Division of Labor Standards

Karen Bugar, State Program Administrative Director

443 Lafayette Road N, St. Paul, MN 55155

651-284-5091 or [dli.prevwage@state.mn.us](mailto:dli.prevwage@state.mn.us)

Email completed copy to [dli.prevwage@state.mn.us](mailto:dli.prevwage@state.mn.us) or mail to the Department of Labor and Industry at the address on page 1 of this form. A copy should also be submitted to the state agency awarding the financial assistance.



# Consent to Release Private Business Employment and Wage Data

*Collected and Maintained by the Minnesota Unemployment Insurance Program*

To qualify for financial assistance from the DEED Office of Business Finance, your business must agree to create or retain a minimum number of jobs within a specific period of time. These jobs must also pay at or above specified wage levels.

To verify that these requirements have been met, the Office of Business Finance uses quarterly wage records submitted by businesses to the Minnesota Unemployment Insurance Program.

Because Unemployment Insurance records are private, we need your permission to access records about your business. The records we seek to access include:

- Aggregate Minnesota employment levels for your business
- Aggregate Minnesota employment levels at the relevant project site
- Information about your compliance with Unemployment Insurance tax and reporting requirements

It is important to note that we will not receive the names or social security numbers of your employees.

If you sign this form, your records will be securely transmitted by Unemployment Insurance Program staff to the Office of Business Finance. The Office of Business Finance will receive your Unemployment Insurance records on an ongoing basis until your business subsidy agreement expires or is terminated. We will not release any data from your Unemployment Insurance records to any other parties.

You are not legally required to grant us access to your Unemployment Insurance records. You also have the right to withdraw your permission at any time. Please note, however, that refusal to grant access to your Unemployment Insurance records may limit your eligibility for financial assistance.

If you have questions about this form, please contact Stephen Wolff, Interim Executive Director, Office of Business Finance at 651-259-7415 or [stephen.wolff@state.mn.us](mailto:stephen.wolff@state.mn.us).

*I give my permission for the Unemployment Insurance Program to release the records about my business (as described in this form) to the DEED Office of Business Finance. I understand that these records will be used by the Office of Business Finance to verify the satisfaction of requirements associated with my business subsidy agreement.*

Signature of Business Official	Business Name	Date
Printed Name of Business Official	Position	
E-mail	Phone	
Employer Identification Number (EIN) Used for Project Site		
Other Employer Identification Numbers (EINs) Used by Business		

## Notice: Accurately Reporting Business Units to the Minnesota Unemployment Insurance Program

This notice informs that Minn. Stat. § 268.044 requires your business to submit quarterly wage records to the Minnesota Unemployment Insurance Program by “reporting unit”.

You have the option to split reporting units for your business by physical location, financial centers, division of labor, or user security requirements. For the purposes of monitoring job creation and wage level performance per your business subsidy agreement, the Office of Business Finance strongly recommends creating a specific reporting unit for the relevant project site.

Reporting units can be added or modified as follows:

### To add a reporting unit:

1. **Log in to your account** at [www.uimn.org](http://www.uimn.org)
2. On My Home Page, click **Account Maintenance**.
3. Click **Maintain Reporting Units**.
4. Click **Add New Reporting Unit**.
5. Enter reporting unit information.
6. Click **Next**. The Address Validation page opens.
7. Confirm the address, and then click **Next**.
8. Verify the reporting unit information.
9. Click **Submit**.

### To inactivate a reporting unit:

1. **Log in to your account** at [www.uimn.org](http://www.uimn.org)
2. On My Home Page, click **Account Maintenance**.
3. Click **Maintain Reporting Units**.
4. Under Active Reporting Units, click the reporting unit link.
5. Under Inactivate Reporting Unit, check the checkbox **Inactivate Reporting Unit**.
6. Enter the date of last covered wages for this reporting unit.
7. Select the reason for inactivating this reporting unit from the drop down menu, and then click **Next**.
8. Verify the reporting unit information and benefit account mailing address.
9. Click **Save**.

If you have any questions about reporting units or other aspects of the Unemployment Insurance wage detail submission process, contact Aaron Tell, Unemployment Insurance Outreach Specialist, at 651-259-7567 or [aaron.tell@state.mn.us](mailto:aaron.tell@state.mn.us).

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Signature of Business Official

Company

Date

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Printed Name of Business Official

Position

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E-mail

Phone

## Financial Assistance Demographic Form

DEED's mission is to empower the growth of the Minnesota economy, for everyone. As part of our continuous improvement efforts, we collect demographic information about the owners of businesses seeking public assistance. We value your participation, as it assists the agency in measuring the effectiveness and reach of our financial assistance programing. This form is estimated to take approximately seven minutes to complete.

**Tennesen warning Notice:** DEED is requesting information from you so DEED can measure the effectiveness of our financial assistance programs. You are not legally required to provide this information, and there will be no consequences to you if you choose not to provide the information. If you do provide information, the information will be used by individuals within DEED whose job assignments reasonably require access to the information to assess DEED programs. By providing this information, you consent to this use. Certain information you provide to us is classified as private or nonpublic data and cannot be shared except as specified by statute or court order.

[Click here to complete the demographic form](#)

Check this box to confirm form completed ☐

## Local Government Resolution Template

*This resolution must be adopted in conjunction with the submission of the Minnesota Forward Fund program application. The resolution shall be adopted by the City Council, County Board, Town Board or Tribal Government where the project will occur. A resolution of support from the local Economic Development Authority, Housing & Redevelopment Authority or Port Authority does not satisfy program requirements.*

CITY OF <<City Name>>, MINNESOTA

RESOLUTION NO. <<INSERT>>

RESOLUTION REGARDING THE SUPPORT OF A MINNESOTA FORWARD FUND APPLICATION IN CONNECTION WITH  
<<BUSINESS NAME>>

WHEREAS, the City of <<City Name>>, Minnesota (the “City”), desires to assist <<Business Name>>, a <<company type>>, which is proposing to <<construct, improve>> a facility in the City and <<purchase machinery and equipment>>; and,

WHEREAS, the City of <<City Name>> understands that <<Business Name>>, through and with the support of the City, intends to submit or has submitted to the Minnesota Department of Employment and Economic Development an application for an award from the Minnesota Forward Fund program; and,

WHEREAS, the City of <<City Name>> held a city council meeting on <<date>>, to consider this matter.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF <<City Name>>, Minnesota, that, after due consideration, the Mayor and <<Authorized Official>> of the City of <<City Name>>, Minnesota, hereby adopts the following findings of fact related to the project proposed by <<Business Name>> and its application for an award from the Minnesota Forward Fund Program and express their approval.

The City Council hereby finds and adopts the reasons and facts supporting the following findings of fact for the approval of the Minnesota Forward Fund program application:

1. Finding that the project is in the public interest because it will encourage the growth of commerce and industry, prevent the movement of current or future operations to locations outside Minnesota, result in increased employment in Minnesota, and preserve or enhance the state and local tax base

List reasons and facts supporting this particular finding for the project.

2. Finding that the proposed project, in the opinion of the City Council, would not reasonably be expected to occur solely through private investment within the reasonably foreseeable future.

List reasons and facts supporting this particular finding for the project.

3. Finding that the proposed project conforms to the general plan for the development or redevelopment of the City as a whole.

List reasons and facts supporting this particular finding for the project.

4. Finding that the proposed project will afford maximum opportunity, consistent with the sound needs of the City as a whole, for the redevelopment or development of the project by private enterprise.

List reasons and facts supporting this particular finding for the project.

Sworn and Executed Under My Hand this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.