



- A 2008 amendment to Minn. Stat. §116J.993 to §116J.995 adjusted the level of what constitutes a business subsidy. The new threshold is \$150,000 for either a grant or loan, and raises the threshold for a public hearing requirement also to \$150,000. He periods under the old threshold l... two year ... 50,000 in ... are
- Please use this form to report on through 2023 that fall under the ... ar 2008 ... t to ... red will ... ic
- DEED USE ONLY: Report Year 2024
- MBAF Year: 2018
- Region #: Central
- Date Received: 2-20-24
- Tracking #: 009
- Questions? Call (651) 259-7179. Please mail completed form before April 1 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

**Section 1: (Grantor Information)**

1. Name of grantor (funding entity): Sherburne County E.D.A.		2. Name of person completing this form: Jessica Barthel		
3. Street address: 13880 Business Center Drive NW		4. City: Elk River	5. ZIP Code: 55330	
6. County: Sherburne	7. Phone number: 763-765-3014	8. Fax number: 763-765-3002	9. Email address: jessica.barthel@co.sherburne.mn.us	
10. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.")				
<input type="checkbox"/> City government		<input checked="" type="checkbox"/> County government		<input type="checkbox"/> Regional government
<input type="checkbox"/> State government		<input type="checkbox"/> Other (Please specify):		

**Section 2: Recipient Information**

11. Name of business or organization receiving financial assistance: Zablocki Roofing, Inc		12. Address where financial assistance will be used: Street address: 3953 45TH AVE SE SUITE 5 City/State/ZIP Code: ST. CLOUD, MN 56301		
13. Type of organizational structure of recipient receiving financial assistance (Mark one)				
<input type="checkbox"/> C-Corporation		<input type="checkbox"/> S-Corporation		<input checked="" type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Other (Please specify):				
14. Does the recipient have a parent corporation? (Mark one.)				
<input type="checkbox"/> Yes (Indicate name and address of the parent corporation below. If more than one, indicate ultimate owner.)				
<input checked="" type="checkbox"/> No				
Name of parent corporation:				
Street address:				
City/State/ZIP Code:				
15. Recipient's primary industry (Mark one.):				
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Services		<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Retail Trade		<input type="checkbox"/> Wholesale Trade		<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Other (please specify):				

**Section 3: Agreement Information**

16. Project Start Date:  
03/04/2017

17. Expected Project Completion Date:  
11/01/2017

18. Please specify all funding sources for project (*attach sources/use statement if available*). The table should include all funding sources used by the recipient to fund the project:

Identify Private or Public Participant	(\$ Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)
Bremer Bank	\$ 611,000	Loan	Capital Improvements
Sherburne County	\$ 50,500	TAF	Capital Improvements
	\$		
	\$		
	\$		

Total Project Budget (all sources): \$661,500  
Your public participation percentage of total budget: 7.6%

19. Minn. Stat. §116J.994 requires that financial assistance meet a public purpose. Which of the following public purposes were used to determine your participation? (*Mark all that apply.*)

- Enhancing economic diversity
- Creating high-quality job growth
- Job retention
- Stabilizing the community
- Increasing tax base (cannot be only purpose)
- Other (*please specify*):

**NOTE: If job creation or retention is not a goal then please skip to Question 21.**

**Section 4: Goals and Actual Performance**

20. Job Creation and/or Retention **Goals** (first year report) and **Actuals** (second year report):

For each of the following categories if required, indicate the (new) job creation and/or retention goals stated in the financial assistance agreement and the number of actual (new) jobs created and/or retained since the benefit date including 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 financial assistance 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 financial assistance agreement. There must be evidence that the retained jobs will be lost without financial assistance or where job loss is specific and demonstrable.*

	Total Number of Employees	Average Hourly Wage Level	Average Hourly Value of Health Insurance
(New) Full-time Job Creation ( <b>Goals</b> )	2	\$18.00	\$3.00
(New) Part-time Job Creation ( <b>Goals</b> )			
Job Retention ( <b>Goals</b> )			
(New) Full-time Job Creation ( <b>Actuals</b> )	4	\$25	\$4.00
(New) Part-time Job Creation ( <b>Actuals</b> )			
Job Retention ( <b>Actuals</b> )			

21. What is the status of the project and how successful have they been in meeting stated goals?  
This project has met and been able to maintain its job creation goals. The project is in year 5 of 10 for the TAF duration.