

- 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... requirement also to \$150,000. However, periods under the old threshold levels of loans. (See §116J.993, Section 2, Subdivisi available on the DEED website.
- Please use this form to report on all finan **through 2019** that fall under the old thre: provide the status of the project towards be used to help the legislative body understand how local units of government participate in development activities and where additional state financial resources may be best utilized. No additional reports are required.
- Questions?** Call (651) 259-7179. Please mail completed form before April 1 to Minnesota Department of Employment and Economic Development, Analysis and Evaluation Office, First National Bank Building, 332 Minnesota Street, Suite E200, St. Paul MN 55101-1351; or fax to: (651) 215-3841

DEED USE ONLY: Report Year 2020
 MBAF Year: 2019
 Region #: Southeast
 Date Received: 4-28-2020
 Tracking #: 049

Section 1: (Grantor Information)			
1. Name of grantor (funding entity): City of Rochester		2. Name of person completing this form: Brent Svenby	
3. Street address: 201 4th Street SE, Room 266		4. City: Rochester	5. ZIP Code: 55904
6. County: Olmsted	7. Phone number: 507-328-2000	8. Fax number:	9. Email address: bsvenby@rochestermn.gov
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 checked="" type="checkbox"/> City government <input 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: Marblehead Medical LLC		12. Address where financial assistance will be used: Street address: <u>153 FOX CHASE ROAD SW</u> City/State/ZIP Code: <u>ROCHESTER, MIN 55902</u>	
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 type="checkbox"/> Construction <input checked="" type="checkbox"/> Other (please specify): <u>Medical Devices</u>			

Section 3: Agreement Information			
16. Project Start Date: November 12, 2018		17. Expected Project Completion Date: November 12, 2022	
18. Please specify all funding sources for project (<i>attach sources/use statement if available</i>). 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)
Investors	\$ 1,600,000	Investment	New Product Development
	\$		
	\$		
Rochester EDF	\$ 100,000	Loan	Product development
	\$		
Total Project Budget (all sources): \$1,700,000			
Your public participation percentage of total budget: 5.8%			
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? (<i>Mark all that apply.</i>)			
<input type="checkbox"/> Enhancing economic diversity		<input type="checkbox"/> Stabilizing the community	
<input checked="" type="checkbox"/> Creating high-quality job growth		<input type="checkbox"/> Increasing tax base (cannot be only purpose)	
<input type="checkbox"/> Job retention		<input type="checkbox"/> Other (<i>please specify</i>):	
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.			
<i>(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.</i>			
	Total Number of Employees	Average Hourly Wage Level	Average Hourly Value of Health Insurance
(New) Full-time Job Creation (Goals)	2	\$12	
(New) Part-time Job Creation (Goals)			
Job Retention (Goals)			
(New) Full-time Job Creation (Actuals)	2	\$62.50	N/A
(New) Part-time Job Creation (Actuals)			
Job Retention (Actuals)			
21. What is the status of the project and how successful have they been in meeting stated goals? Company will submitted an application to US Food and Drug Administration (FDA) to receive clearance to start selling the product.			