



2/25/10 Please fill in date agreement signed (same as question 22)

2011 JOBZ Minnesota Business Assistance Form (MBAF)

- This Minnesota Business Assistance Form (MBAF) is (JOBZ) tax exemptions/credit agreement signed from §116J.993 to §116J.995. This form should be used to business subsidies.
Assistance given to a business located in a JOBZone
This form must be submitted to DEED by April 1, 20
Questions? Call (651) 259-7179. Information on wh

DEED Use Only: Report Year 2011

MBAF Year: 2011
Region #: 10-Post. So. MN
Date Received: 6-28-2011
Tracking Number: 399

Section 1: Grantor (funding entity) Information

Table with 2 columns: Grantor information (Name, Address, County, Phone) and Person completing form (Name, City, Zip, Fax, E-mail)

10. Please indicate who in your organization should receive the MBAF if different from the person in Question 2.

Name/Title: Jeremy Germann, City Administrator
Phone number: 507-553-6371
Street address, City & Zip Code: 125 S. Broadway, Wells, MN 56097-1627

- 11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")
[X] City government
[] County government
[] Regional government
[] State government
[] Other (Please specify):

- 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. § 116J.994? (Mark one.)
[] Yes, in 2011 (attach criteria)
[] Yes, in 2011 but have not yet adopted criteria
[X] Yes, prior to 2011
If Yes:
Hearing Date: Year Criteria Submitted: 2001
[] No
[] Other (Please attach explanation.)

Section 2: Recipient Information

Table with 2 columns: Recipient information (Name, Assistance) and Address where business subsidy or financial assistance will be used

15. Does the recipient have a parent corporation? (Mark one.)

- [] Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)
[X] No

Name of parent corporation:
Street address, City & Zip Code:

16. Please indicate if property owner is different from recipient (Mark one.)

- [] Yes (Indicate name and address of property owner below. If more than one, indicate ultimate owner.)
[X] No

Name of the property owner:
Street address, City & Zip Code:

17. Please provide the Unemployment Insurance Employer Account Number for the qualified business in the JOBZ zone location. This information is not mandated in 2008, but may be in the future. The number will be used by DEED and share with local governments to verify that wage and employment goals are being meet as required in the JOBZ business subsidy agreement.

Employer Account Number (EAN):

18. Industry of recipient's facility (Mark one)

- [X] Manufacturing [] Services [] Finance, Insurance, Real Estate [] Construction
[] Retail Trade [] Wholesale Trade [] Other (please specify):

19. Did the recipient relocate as a result of signing this agreement? (Mark one.)

Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)

- 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 : # _____

No (Go to Question 20.)

20. What would recipient have done without business subsidy or financial assistance? (Mark one):

- Remain at previous location, but not expand
- Relocate to different Minnesota location
- Other: Opened this new facility elsewhere
- Remain at previous location but expand at the location
- Relocated outside Minnesota

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

Section 3: Agreement Information

22. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 2/25/10

23. 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). NOT OPERATIONAL YET

24. Are any other grantors providing a business subsidy to the same project? (Mark one.)

Yes (Specify each grantor and the value of their assistance below and submit a Non-JOBZ MBAF for eligible business assistance; attach an additional sheet if necessary.)

- Grantor: City of Wells / Faribault County Value (\$): \$150,000 City / \$100,000 County
- Grantor: State of MN M.I.F. Value (\$): \$500,000

No

Section 4: Public Purpose and Goals Identified in the Agreement

25. Minn. Stat. §116J.994 requires that business subsidy agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)

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

26. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)

	Goals Established?	Target attainment dates (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	53 LMI \$12 / hr	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Other job-creation and/or retention goals	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>14 31 / 15</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C) Other wage goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Goals other than wage and job goals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach description of goals and progress toward attainment if not documented in Questions 27 through 33)

27. What was the goal for private capital investment that was stated in the JOBZ agreement for the qualified business?

Real (land and buildings) \$2,034,568 Personal (equipment) \$3,140,598 Total \$5,175,166

28. What was the amount of private capital investment actually made by the business in the JOBZ zone from January 1, 2010 through December 31, 2010? (Only include amount from 2010 calendar year.)

Real (land and buildings) \$4,366,274 Personal (equipment) \$4,410,003 Total \$8,776,277

29. What amount of the qualified business's January 2, 2010 taxable market value was exempt from property taxes payable in 2011 due to JOBZ qualification? (Please specify each parcel identification number and exempt value of each parcel, attaching an additional sheet if necessary. Obtain exempt values from the county assessor's office.) \$attached for Parcel Identification Number: attached

30. What was the value of Wind Energy Production Tax, if any, for the JOBZ qualified business that was operating during the period of January 1, 2010 and December 31, 2010? \$0

34. Has the recipient achieved all goals (see Questions 28 through 33) and fulfilled all obligations stipulated in the agreement (Mark one.)
 Yes No

34 A. Did recipient certify that it is participating in the E-Verify program located at www.uscis.gov and that all new employees hired on or after January 29, 2008 are determined to be eligible for employment in the United States for all business subsidy agreements signed on or after January 29, 2008. The recipient shall report to the City or government agency compliance throughout the term of the business subsidy (Mark one.)
 Yes (certification has occurred) No (certification has not occurred)

Section 5: Recipients Failing to Fulfill Obligations

35. During the period January 1, 2010 through December 31, 2010, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

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. If you are submitting multiple JOBZ MBAF forms, please complete Section 5 once each year and indicate below which JOBZ MBAF report the information is provided.)

- Name of recipient: _____
- Type of subsidy or assistance: _____ (See Questions 24 & 25.)
- Value of subsidy: _____

No

36. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on January 1, 2004 through December 31, 2010, that were required to be fulfilled by the time of this report? (Mark one.)

Yes (Complete the remainder of this section.) No (Skip questions 37-41 and continue at question 42.)

For questions 37-41: Provide the following information for the 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.)

37. Information on recipient and agreement:

Name of recipient in default: <u>Singletery Food Solutions</u>	Type of subsidy or assistance: <u>MN Investment Fund</u>
Street address of recipient: <u>115 N. Broadway</u>	City/Zip code of recipient: <u>Wells, MN 56097</u>
Initial value of subsidy: <u>\$500,000</u>	Outstanding value of subsidy or assistance: <u>\$500,000</u>

38. Reason(s) for default (Mark all that apply.):

- recipient ceased operation
- recipient was unable to fill vacant positions
- recipient relocated to a different community
- other (Specify reason.) Unforeseen building

infrastructure improvements, affecting multiple critical operating systems, have been necessary and have significantly increased project costs and the facility opening. Hiring has been delayed and cannot begin until these improvements are completed.

39. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance.

40. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) Yes No

41. Describe the steps being taken to bring recipient into compliance or recoup the subsidy: deferral until October 2011

42. Company representative for qualify business must certify that all the information in the form including employment information is true and accurate.

Company representative signature and title: Stephen B. Sneyd, Pres.

Return your completed JOBZ MBAF(s) by April 1, 2011

Either Mail To:
 Minnesota Business Assistance Report
 Minnesota Department of Employment and Economic Development – Analysis and Evaluation
 1st National Bank Building
 332 Minnesota Street, Suite E200
 St. Paul, Minnesota 55101-1351

OR Fax To: (651) 215-3841

City of Wells
Singletary Food Solutions

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Question 29

2010 Taxable Market Value Exempt from Property Taxes Payable in 2011	Parcel Identification Number
\$427,500.00	30.426.1810
\$115,300.00	30.426.1610
\$5,500.00	30.009.0400
<u>\$548,300.00</u>	<u>TOTAL</u>

Goals

Date: 3/15/2010

Capital Investment - Land & Buildings (Real):

\$3,390,598.00

Number of New Jobs Created:

53

Average Wage with Benefits:

\$12.00

Actual

Date: 12/31/2010

Capital Investment - Land & Buildings (Real):

\$4,366,274.00

Capital Investment - Personal (Equipment):

\$4,410,003.00

Number of New Jobs Created:

0

Number of Retained Jobs:

0

Average Wage with Benefits:

\$0.00

Other

Acres Used: 5.33

Business Still Exist in Sub - Zone:

Anniversary Date: 3/15/2011