

# Grow Austin Fund Application

---

## APPLICATION PROCEDURES

The Grow Austin Fund provides job creation awards, capital investment rebates to designated businesses that retain or create high-paying, full-time permanent jobs and invest in real property improvements. The program closely mirrors the State of Minnesota Department of Employment and Economic Development Job Creation Fund (JCF) Program. It is available for manufacturing, distribution, warehousing, and other eligible business activities.

Applications are accepted on a year-round basis as funds are available.

To become a designated Grow Austin Fund business and receive benefits, the application must be completed and submitted to the local government. Step-by-step instructions are listed below and applications may be submitted by mail or email to:

John Garry  
Development Corporation of Austin (DCA)  
329 N Main St, Suite 106L  
Austin, MN 55912  
jkgarry@austindca.org

---

## Completing the Grow Austin Fund Application: Step-by-Step Instructions

DCA, in coordination with Grow Austin partners, will make a preliminary determination about whether a business meets the minimum program requirements. Use the Grow Austin Fund Eligibility for guidance. If a business is potentially eligible, the following steps are completed:

1. The business provides the information needed to complete the Application.
2. DCA and government officials evaluate the application and notify the business of approval or denial. If approved, DCA and government officials will determine a job creation award and/or capital investment rebate amount. All participating partners reserve the right to evaluate projects on a case by case basis.
3. Jobs created, capital investment expenditures and electrical demand increase will be counted after the business has completed one year.
4. DCA/City of Austin will draft a business subsidy agreement specifying the award and/or rebate to be provided after required job creation and capital investment goals are met. All participating entities will sign the business subsidy agreement.
5. DCA will assist the business with submitting required report, payment request documentation, and other information requested. DCA/local government will also provide information on annual changes in wage requirements.

# GROW AUSTIN FUND PROGRAM APPLICATION

## SECTION 1 - LOCAL GOVERNMENT AND BUSINESS APPLICANT INFORMATION

Local Government Project Sponsor:	Local Government Contact Name and Title:
Email:	Telephone:
Address:	City/State/Zip:

Business Legal Name:	Parent Company Name (if applicable):
Mailing Address:	City/State/Zip:
Street Address for Project Applying for JCF (JCF Project):	City/State/Zip for JCF Project:
Primary Business Contact and Title:	E-mail:
Website:	Telephone:
Minnesota Tax ID:	FEIN:
NAICS Code:	Primary Business Activity for Proposed Project:

## SECTION 2 - PROJECT OVERVIEW

<p><b>Project Type:</b></p> <p><input type="checkbox"/> New business with no parent company or current operations in Austin, MN</p> <p><input type="checkbox"/> Expansion of existing facility or new facility in Austin, MN</p> <p><input type="checkbox"/> Expansion to Austin, MN, by a company with existing operations outside of Austin</p>												
<p><b>Project will involve:</b></p> <p><input type="checkbox"/> Leasing an existing facility where leasehold improvements will be made</p> <p><input type="checkbox"/> Leasing a facility to be constructed</p> <p><input type="checkbox"/> Ownership of an existing facility and making improvements</p> <p><input type="checkbox"/> Construction and ownership of a new facility</p>												
<p><b>Project Timeframe:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 40px;"> <thead> <tr> <th style="width: 50%;">Task:</th> <th style="width: 50%;">Estimated Completion Date: (mm/dd)</th> </tr> </thead> <tbody> <tr> <td>Commitment of all funds</td> <td></td> </tr> <tr> <td>Start of construction</td> <td></td> </tr> <tr> <td>Purchase equipment</td> <td></td> </tr> <tr> <td>Complete construction</td> <td></td> </tr> <tr> <td>Begin operations</td> <td></td> </tr> </tbody> </table>	Task:	Estimated Completion Date: (mm/dd)	Commitment of all funds		Start of construction		Purchase equipment		Complete construction		Begin operations	
Task:	Estimated Completion Date: (mm/dd)											
Commitment of all funds												
Start of construction												
Purchase equipment												
Complete construction												
Begin operations												

Current number of permanent, full-time employees company-wide:			
Current number of permanent, full-time employees in Austin:			
Current number of permanent, full-time employees at proposed site:			
Average wage for retained and/or new permanent, full-time employees:			
Projected number of new full-time permanent jobs at proposed project site:			
	To be created in Year 1		
# new FT, permanent jobs:			

**\*full-time permanent jobs means positions with expected work hours of 2080 annually**

**Sources & Uses:**  
*\*Since Austin Growth Funds funds are pay-for-performance, do not be include as a source or use of funds*

	Bank(s)	Equity	State	Local Gov't	Other (       )	Total
Property Acquisition						
Site Improvement						
New Construction						
Renovation of an Existing Building						
Purchase of Machinery & Equipment						
Infrastructure						
Other:						
Other:						
<b>Total Project Cost</b>						

Does the property or the business have any outstanding local, state or federal tax liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
Have state environmental review requirements been met for the project, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there current or unsatisfied judgments or injunctions against the business or owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:
Is there current or pending litigation involving the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach summary and disposition.
Within the past five 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of the violation(s), citation(s), or complaint(s) and the disposition of each.

### SECTION 3 - REQUIRED INFORMATION

*\*Information from the items listed below will be used to evaluate potential awards and rebates for a business requesting JCF designation. Please be thorough in addressing the requested information and clearly identify responses to each item separately by number.*

**PART A – Business Description.** Describe the business and its major activities. Please include the following information:

1. Business overview and company history and ownership - include organizational structure, parent company and any affiliates
2. Product or industry outlook for the project
3. Total projected sales for the project both inside and outside of Minnesota
4. *(Non-applicable, go to 5)*
5. Markets (local, statewide, national, international) along with their respective percentage to total sales and the customers served
6. Philanthropic or other ways in which the business contributes or will contribute to Austin
7. Attach two years of historical financials (Profit & Loss/Balance Sheets/Income Statement/Cash Flow Statement) and financial projections

**PART B – Project Description.** Describe the project for which funds are being requested. Please include the following information:

8. Provide details for the project for which funds are being requested. Discuss topics such as square footage increase, lease vs ownership, new construction vs renovation or leasehold improvements, etc.
9. Describe how the project will strengthen and/or diversify the local economy
10. Describe any other local government assistance for the project (e.g., city loan, abatement, TIF, etc.) and comment on dollar amounts and/or general information on any city projects related to this project.
11. Attach line-item construction cost estimates for real property improvements for the project
12. If available, attach a commitment letter from each financing source (ie Financial Institutions), including a letter of commitment for any business equity

**PART C – Business Competitors.** Identify the competitors of the business within local community.

13. The name of each major competitor and the location of each local competitor
14. How the products or services are different than the business
15. How the markets are different from the business

**PART D – Detailed job & wage information.**

16. If applicable, provide quarterly payroll reports from the last year for current permanent full-time employees who will be located at the project site
17. For new full-time permanent employees, complete the form on Page 5 of this application or attach a listing of jobs that includes the information from the form on Page 5.



**SECTION 4 - BUSINESS ACKNOWLEDGMENT AND CERTIFICATION**

**DATA PRIVACY ACKNOWLEDGMENT:**

**Tennessen Warning Notice:** per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for an award under the Job Creation Fund program. 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 an award pursuant to the criteria developed under the program’s enabling legislation and rules. The data you provide is classified as private or non-public and cannot be shared without your permission except as specified in statute.

**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 the Job Creation Fund Program.

**BUSINESS CERTIFICATION:**

**Financial Assistance Certification:** I certify that I will not count any existing positions or employees moved or relocated to the facility from another Austin location. The jobs counted are new permanent full-time employees. I certify I will not terminate, lay-off, or reduce the working hours of an employee for the purpose of hiring an individual to fulfill the requirements of the Program.

I have read the above statements and I agree to supply the information requested to the economic development official 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: \_\_\_\_\_

**LOCAL GOVERNMENT CERTIFICATION:**

I hereby certify that as the local official for the proposed Grow Austin Fund project, I have reviewed the application and business information.

Name/Title of Local Government Contact: \_\_\_\_\_

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

Name/Title of Local Government Contact: \_\_\_\_\_

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

Name/Title of Austin Utilities Contact: \_\_\_\_\_

Signature of Austin Utilities Contact: \_\_\_\_\_ Date \_\_\_\_\_

Name/Title of Development Corporation of Austin Contact: \_\_\_\_\_

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

**CONSENT TO RELEASE PRIVATE BUSINESS EMPLOYMENT DATA**  
MAINTAINED BY UNEMPLOYMENT INSURANCE PROGRAM OF THE  
MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (DEED)

***Your business is requesting financial assistance from the Grow Austin program that requires a commitment to create jobs. So that staff can verify your base (current) and future employment levels, we need to review annual employment level data that you submit to DEED's Unemployment Insurance Program. Because this data is protected by data privacy law, your consent is required for us to do this. Please review and sign this form to allow the Unemployment Insurance Program to share your quarterly wage and employment data with DEED's Business Finance Office.***

The Unemployment Insurance Program is asking for your consent (permission) to let us release private data that we keep about you to the entities (people, agencies, or organizations) listed on this form. The data cannot be released without your consent. This form tells you what data we need to release. It also explains the reasons why we need to release the data and what will happen (consequences) if you give your consent.

You have the right to look at all the data described on this form and have copies of the data. We encourage you to look at the data before you decide whether to give your consent. If you want to look at the data or have copies, you must make a data request. To view the data or have copies, return this form along with a letter explaining what you are requesting. Send the information to DEED, Attn: Bob Isaacson, 332 Minnesota Street, Suite E300, Saint Paul, MN 55101 or by email to [bob.isaacson@state.mn.us](mailto:bob.isaacson@state.mn.us).

You have the right to choose the data we release. This means you have the right to let us release all of the data, some of the data, or none of the data described on this form. You also have the right to let us release data to all, some, or none of the entities listed on this form. We can release only the data you choose and only to the entities you choose.

If you give us your consent, we can release the data for this request. You have the right to stop your consent (revoke or take back your permission) by refusing to sign this consent form. If you want to stop your consent, you must write to **DEED, Attn: Bob Isaacson, 332 Minnesota Street, Suite E300, Saint Paul, MN 55101 or by email to [bob.isaacson@state.mn.us](mailto:bob.isaacson@state.mn.us)** and clearly say that you want to stop or take back all or part of your consent. We cannot stop the use of data that we have already released with your consent.

**Important: If you have a question about anything on this form, please contact Bob Isaacson at 651-259-7458 before you sign it.**

- [1] I give my permission for the Unemployment Insurance Program to release data about \_\_\_\_\_  
in the way described on this form;
- [2] The specific data or type(s) of data that the Unemployment Insurance Program may release is Quarterly wage and  
employment records related to the business expansion project completed by \_\_\_\_\_;
- [3] I agree to let the Unemployment Insurance Program release this data to DEED's Office of Business Finance;
- [4] I understand that Unemployment Insurance Program will only release this data with my permission;
- [5] I understand that, if this data is released to the Office of Business Finance, DEED will be able to verify job and wage  
goal attainment associated with financial assistance it provides.
- [6] Signature of business representative: \_\_\_\_\_ Date \_\_\_\_\_
- [7] Signature of person explaining this form (if needed) \_\_\_\_\_ Date \_\_\_\_\_