EMPLOYMENT AND ECONOMIC DEVELOPMENT

Job Creation Fund (JCF) Program Application

Please consult with DEED before completing this application.

APPLICATION PROCEDURES

The Job Creation Fund (JCF) Program provides job creation awards and capital investment rebates to designated businesses that retain or create high-paying, full-time permanent jobs and invest in real property improvements. The program is available statewide for manufacturing, distribution, warehousing, and other eligible business activities. Business must be able to locate outside of Minnesota and be able to serve the same customers. Applications are accepted on a year-round basis as funds are available. Projects that begin prior to becoming designated by DEED are not eligible for the Job Creation Fund. Project start activities include signed contracts, building permits, construction, and other activities that indicate the project would move forward as planned without a JCF award or rebate.

To become a designated JCF business and receive benefits, a business must work in conjunction with the city, county, or township government (Local Government) where the JCF business will be located. A JCF application must be completed and submitted to the Department of Employment and Economic Development (DEED) by the Local Government. A local EDA, HRA, Port Authority or a different local entity are unable to sponsor a project for the JCF program. Step-by-step instructions are listed below and applications may be submitted by mail or email to:

Tom Washa
Program Administrator – Principal
180 East 5th Street, Suite 1200
St. Paul, MN 55101
jobcreationfund@state.mn.us

PRE-AWARD PROCESS

In consultation with DEED, the Local Government will make a preliminary determination about whether a business meets the minimum program requirements. Use the Job Creation Fund Eligibility and Application Checklist on the program website for guidance.

If a business is potentially eligible, the following steps are to be completed:

1. The business and Local Government work together to complete the JCF Application. A Local Government resolution in support of the project must be included. The required template is included in this application. The Local Government will submit the completed application to DEED.
2. DEED evaluates the application and notifies the Local Government and business of approval or denial. If approved, DEED will formally designate the business as a JCF business via an award letter and determine a job creation and/or capital investment rebate amount. Awards and/or rebates of $500,000 or more require DEED to hold a public hearing prior to formally designating the business as a JCF business. Awards and/or rebates of $200,000 or more require that construction and installation of machinery and equipment adhere to prevailing wage rules.
3. The project may begin once an award letter has been signed, however no jobs created or capital investment expenditures will be eligible until a Business Subsidy Agreement (BSA) has been fully executed.

POST-AWARD PROCESS

4. DEED and the JCF business will enter into a BSA specifying the details of the award and/or rebate to be provided after job creation and capital investment goals are met. The JCF business and the DEED commissioner sign the BSA. The date of final signature is considered the project Designation Date.
5. Jobs created and/or capital investment expenditures may be counted on or after the Designation Date.
6. The Local Government will assist the JCF business as needed with submitting 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:	Contact Title:
Email:	Telephone:
Address:	City/State/Zip:

Business Information	
Business Legal Name:	Parent Company (If Applicable):
Street Address for JCF Project Site:	Business Mailing Address:
City/State/Zip for JCF Project Site:	Business Mailing City/State/Zip:
Primary Business Contact:	Contact Title:
E-mail:	Telephone:
Business Website:	FEIN:
NAICS Code (######):	MN SWIFT Vendor/Supplier Identification Number* (########## ###):

1. Is 51% of the business cumulatively owned by minorities, veterans, women, or persons with a disability?

   ☐ Yes ☐ No If you answered "Yes" to this question, please complete the Targeted Population Designation Characteristic Form included in this application.

2. Does the property or the business have any outstanding local, state, or federal tax liabilities?

   ☐ Yes ☐ No If you answered "Yes" to this question, please attach a description by providing a summary.

3. Are there current or unsatisfied judgements or injunctions against the business or owners?

   ☐ Yes ☐ No If you answered "Yes" to this question, please attach a description by providing a summary.

4. Does the business have any liens on assets?

☐ Yes ☐ No If you answered "Yes" to this question, please attach a description by providing a summary.

5. Is the business under bankruptcy proceedings?

☐ Yes ☐ No If you answered "Yes" to this question, please attach a description by providing a summary.

6. Is the business in good standing with the Minnesota Secretary of State?

☐ Yes ☐ No If you answered "No" to this question, please attach an explanation.

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

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

8. 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.

9. Have any of the business's 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

* 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) once performance goals are met. 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 – Project Overview

1. Has the project started (i.e., Contracts have been signed, leases without contingency language have been executed, building permits have been issued, or construction started on-site)?

☐ Yes ☐ No If you answered "Yes" to this question, the project is ineligible for the JCF Program. Please contact DEED to see if there is a different program that you may be eligible for.

2. Could this project be located outside of Minnesota and serve the same customers?

☐ Yes ☐ No If you answered "No" to this question, you may be ineligible to apply for the JCF Program. Please contact DEED to discuss.

3. 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)

4. Project Involvement:

☐ Construction of new facility that will be owned by the business or a related party*

☐ Renovations to an existing facility currently owned or to be acquired by the business or a related party*

☐ Leasing a facility to be constructed by an unrelated third party

☐ Leasing an existing facility where leasehold improvements will be made by an unrelated third party

*If the project involves a related party who will own or acquire the facility, please attach documentation discussing the relationship between the business and the related party (e.g., Real Estate Holding Company)

5. Are there facility or land limitations that do not allow the business to expand at an existing Minnesota facility?

☐ Yes ☐ No ☐ Not Applicable If you answered "Yes" to this question, please attach a summary of the current limitations.

6. Has state environmental review requirements been met for the project?

☐ Yes ☐ No ☐ Not Applicable

7. List and provide amount of other public financial assistance and location in 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

8. Project Timeframe:

Task:	Estimated Completion Date (MM/YYYY):
Commitment of Funds	
Start of Construction	
Purchase Equipment	
Complete Construction	
Begin Operations	
Begin Hiring of New Jobs (if earlier than Begin Operations)	

9. Project Sources and Uses:

   - Since the Job Creation Fund is pay-for-performance, **do not** include an anticipated JCF award or rebate as a source or use of funds.

   - Any use of funds noted for Site Improvements, New Construction, and/or Renovations of an Existing Building **should equal** the line-item construction estimates required in Section 3 Required Information Part D – Required Attachments**.**

Use of Funds	Bank(s)	Equity	State (e.g. MIF)	Local Government	Other	Total
Property Acquisition						$ 0.00
Site Improvement						$ 0.00
New Construction						$ 0.00
Renovations of an Existing Building						$ 0.00
Purchase of Machinery & Equipment						$ 0.00
Other						$ 0.00
Total Project Cost	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Description of "Other" source of funds: _____

Description of "Other" use of funds: _____

10. Current number of full-time permanent equivalent (2,080 hours) employees company-wide: _____

    - *For the purposes of the Minnesota Job Creation Fund program, please exclude interns, temporary, seasonal, contractual, and other employees considered not permanent. To be considered full-time permanent equivalent, the position shall be expected to work at least 2,080 hours (or add up to 2,080 hours via multiple individuals) per year.*

11. Current number of full-time permanent equivalent (2,080 hours) employees in Minnesota: _____

    - *For the purposes of the Minnesota Job Creation Fund program, please exclude interns, temporary, seasonal, contractual, and other employees considered not permanent. To be considered full-time permanent equivalent, the position shall be expected to work at least 2,080 hours (or add up to 2,080 hours via multiple individuals) per year.*

12. Current number of full-time permanent equivalent (2,080 hours) employees at the proposed JCF project site: _____

    - *Include any employees that will relocate from another Minnesota site to the JCF project but not jobs being created.*
    - *For the purposes of the Minnesota Job Creation Fund program, please exclude interns, temporary, seasonal, contractual, and other employees considered not permanent. To be considered full-time permanent equivalent, the position shall be expected to work at least 2,080 hours (or add up to 2,080 hours via multiple individuals) per year.*

13. Will there be any reduction of positions (non-transfers) at other company sites during the next two years, or a reduction in purchases from Minnesota suppliers or vendors as a result of the project?

    ☐ Yes ☐ No If you answered "Yes" to this question, please attach a description.

14. Will any jobs be relocated from another Minnesota site to the proposed JCF project site:

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

Location	# of Employees

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

15. Projected number of new full-time permanent equivalent (2,080 hours) employees to be created at the proposed JCF project site:

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

    The total number of New Permanent, Full-Time Employees listed above should equal the number of positions listed on the Job Creation Form.

JOB CREATION FORM – List All Permanent Jobs to Be Created

POSITION TITLE List Permanent Full-Time Equivalent Positions Only*	NUMBER OF POSITIONS	EXPECTED WORK HOURS PER YEAR	HOURLY CASH WAGE W/O BENEFITS	HOURLY VALUE OF BENEFITS**	TOTAL HOURLY COMPENSATION INCLUDING BENEFITS***
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00

Total Jobs to be Created: 0

** For the purposes of the Minnesota Job Creation Fund program, please exclude interns, temporary, seasonal, contractual, and other employees considered not permanent. To be considered full-time permanent equivalent, the position shall be expected to work at least 2,080 hours (or add up to 2,080 hours via multiple individuals) per year.*

*** 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.*

**** Total compensation including base wage and benefits must be at least 110% of the federal poverty income level for a family of four (verify current wage levels with DEED at the time of application).*

SECTION 3 – Required Information

Information from the items listed below will be used to evaluate the potential award and rebate 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.

1. Business overview and company history – include description of company's products or services, organizational structure, parent company and any affiliates
2. Product or industry outlook for the JCF business and project site (if different)
3. Total projected sales for the JCF project both inside and outside of Minnesota
4. Estimated sales to Minnesota customers that replace purchases from outside of Minnesota
5. Markets for the Business (local, statewide, national, international) along with their respective percentage (%) to total sales (e.g., 15% MN sales, 65% Remaining US sales, & 20% International sales) & the customers served
6. Philanthropic or other ways in which the business contributes or will contribute to Minnesota

PART B – Project Description

Describe the project for which JCF funds are being requested.

7. Provide details for the project for which JCF funds are being requested. Discuss topics such as acquisition, new construction, renovations, or proposed leasehold improvement that are real property, ownership including related parties versus lease, legal entity who owns the building, local assistance, square footage, current limitations, etc.
8. If the JCF project is a lease scenario, explain how the Business will be paying for the tenant improvements, including the amount, timing, legal entity who owns the building, and if they are upfront expenses versus lease payments. For more information, please see the Job Creation Fund Benefits Explained.
9. Explain why JCF funding is necessary for this project to move forward (e.g., financing gaps, lack of collateral, potential non-Minnesota locations). If available, please provide further documentation that demonstrates these reasons.
10. Describe how the JCF project will strengthen and/or diversify the local or Minnesota economy.

PART C – Business Competitors

Identify the competitors of the business with the local community (city and county), the adjacent counties, and in the state of Minnesota.

11. Name of each major competitor in Minnesota and the location of each competitor by city.
12. How do the applicant's products or services differ from these competitors?
13. How do the applicant's markets differ from these competitors?

PART D – Required Attachments

- ☐ Two (2) years historical financials (i.e., profit & loss, balance sheet, income statement, cash flow statement) and financial projections. If available, audited or reviewed financials are preferred. If a net loss is present in either of last two (2) fiscal years, please comment as to how the business is/has addressed these losses/concerns.
- ☐ Line-item construction cost estimates for real property improvements (site improvements, new construction, renovations to an existing facility) for the JCF project.
- ☐ Commitment letter from each external financing source (if applicable)
- ☐ Commitment letter for any business equity, including amount.
- ☐ Unemployment Insurance returns for the last four (4) quarters. The report must include the number of individuals employed in Minnesota during each quarter. Not applicable for startups or employers without Minnesota employees.

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 Job Creation Fund program is necessary to my business start-up or expansion and that without the Job Creation Fund my business start-up or expansion project would not happen to the extent outlined in the Job Creation Fund Application. I certify that I will not count any existing positions or employees moved or relocated from another of Minnesota facility where my business conducts operations as new permanent full-time employees for the purposes of fulfilling requirements of the Job Creation Fund program. 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 Job Creation Fund program. I certify that I will pay prevailing wages as required under the laws of the State of Minnesota if applicable. I certify I 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: _____

Local Government Certification:

I hereby certify that as the local government contact for the proposed Job Creation Fund project, I have reviewed the application and business information. I agree to work with the Job Creation 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: _____

Signature of Local Government Contact: _____ 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.

_____

Organization

_____ _____

Printed Name and Title of Business Contact | Phone

_____ _____

Signature | Date

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.

Tennessen 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 ☐

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 DEEDs Employment and Training staff to list any vacant or new positions related to the project on www.minnesotaworks.net 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 easy 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. 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.

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 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 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 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, 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 Help Desk Specialist at (651) 259-7500.

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 following the meeting.

_____	_____	_____
Printed Name of Business Contact	Title	Phone
_____	_____	_____
Signature	Date	E-mail

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 Jeff Nelson, Executive Director, Office of Business Finance at 651-259-7523 or jeff.m.nelson@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 is a reminder 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
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
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 / aaron.tell@state.mn.us.

Signature of Business Official	Company	Date
Printed Name of Business Official	Position	
E-mail	Phone	

Targeted Population Designation Characteristics

In order to qualify for Targeted Population Designation, the business must be majority (at least 51%) owned by persons who meet certain qualifying characteristics. One or more individuals may be included when determining eligibility. Please provide information regarding qualifying characteristics of the owner(s). Check all that apply:

☐ Minority

Minority group members are citizens (or lawfully admitted permanent residents) of the United States who belong to one or more of the following groups:

a) "Black Americans," which includes persons having origins in any of the Black racial groups of Africa;
b) "Hispanic Americans," which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;
c) "Native Americans," which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;
d) "Asian-Pacific Americans," which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong;
e) "Subcontinent Asian Americans," which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka;

☐ Woman

☐ Veteran

Veteran means a citizen of the United States or a resident alien who has been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or who has met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a, or who has active military service certified under section 401, Public Law 95-202. The active military service must be certified by the United States secretary of defense as active military service and a discharge under honorable conditions must be issued by the secretary.

☐ Person(s) with disabilities

The term "disability" is defined under the Americans with Disabilities Act and means, with respect to an individual:

a) a physical or mental impairment that substantially limits one or more major life activities of such individual;
b) a record of such an impairment; or
c) being regarded as having such an impairment.

I certify that the business is at least 51% owned by person(s) who are representative of one or more of the qualifying groups.

_____	_____
Printed Name and Title of Business Contact	Phone
_____	_____
Signature	Date

Local Government Resolution Example

This resolution must be adopted prior to submission of the Minnesota Job Creation 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 JOB CREATION 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 or improve>> a facility in the City; and,

WHEREAS, the City of <<City Name>> understands that <<Business Name>>, through and with the support of the City, intends to submit to the Minnesota Department of Employment and Economic Development an application for an award and/or rebate from the Job Creation 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 and/or rebate from the Job Creation 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 Job Creation 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.

   a) List reasons and facts supporting this particular finding for the project. Failure to include reason(s) and/or fact(s) will result in the resolution being rejected by DEED as it does not satisfy program requirements.

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

   a) List reasons and facts supporting this particular finding for the project. Failure to include reason(s) and/or fact(s) will result in the resolution being rejected by DEED as it does not satisfy program requirements.

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

   a) List reasons and facts supporting this particular finding for the project. Failure to include reason(s) and/or fact(s) will result in the resolution being rejected by DEED as it does not satisfy program requirements.

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.

   a) List reasons and facts supporting this particular finding for the project. Failure to include reason(s) and/or fact(s) will result in the resolution being rejected by DEED as it does not satisfy program requirements.

Sworn and Executed Under My Hand this ___ day of _____, 2025.