

RECIPIENT REPORT

NORTH DAKOTA DEPARTMENT OF COMMERCE
SFN 58318 (11/2017)

(For office use only) Agreement Number

Grantor Reference Number

Report Date

The Recipient specified in this document received a business incentive from the state of North Dakota and has agreed to file a Recipient Report with the grantor for a period of two years or until the agreed upon goals are met, whichever is later. This document constitutes that report. The recipient named in Section 2 must:

Section 1: Complete the current number of Full Time Equivalent Employees (FTE's), average hourly wage and average hourly benefits.

Section 2: Review and verify the information from the Business Incentive Agreement and notify the Grantor of any changes.

Section 3: Sign, date and return this document to the Grantor by the date specified below. This date is 60 days of the annual anniversary of the Benefit Date as shown in Section 2.

Due Date to return report

Section 1: Please provide the current information as required by your Business Incentive Agreement.

	Goals	At Benefit Date	Current	Difference (Current minus At Benefit Date)
Number of Full Time Equivalent Employees (FTE's) ¹				
Average Hourly Wage ²				
Average Hourly Benefits ³				
Average Hourly Compensation (Wage plus Benefits) ⁴				

¹ Full time equivalent employees (FTE's) work 32 hours per week or greater. The exception is when a single position is filled by two people. In this instance each person needs to work 20 hours per week or greater to be considered an FTE. Please round job numbers to the nearest 0.5 FTE.

² Wage includes wages, salary, bonuses and commissions.

³ Benefits include health, disability, life and retirement benefits or insurance premiums paid by the employer; an employee's share of payroll taxes paid by the employer; and other fringe benefits such as housing allowance and transportation expense.

⁴ Wage plus benefits.

Section 2: The following information reflects details from your Business Incentive Agreement. Please review for accuracy and notify the Grantor of any changes.

Grantor

Name of GRANTOR/GRANT ADMINISTRATOR	On Behalf Of		
Address	City	State	ZIP Code

Recipient

Name of RECIPIENT Business	Also known as		
Mailing Address	City	State	ZIP Code
Street Address	City	State	ZIP Code
Location of Project (street address, city, county)			
Business Classification of RECIPIENT (3 digit NAICS Code)			
Parent Company of RECIPIENT (if any)			
Street Address	City	State	ZIP Code

Recipient Contact Information

Main Contact Person	Email Address
Title	Telephone Number

Location of Recipient PRIOR to receiving this business incentive (if different than above)

Street Address	City	State	ZIP Code
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Business Owners or Shareholders

List the names and addresses of all individuals or shareholders owning twenty percent (20%) or more of this business.

Owner or Shareholder	Mailing Address	City	State	ZIP Code

Project Information

Benefit Date	Incentive Value
Project Description	
Incentive Description	
Incentive Type	Public Purpose
Tax Increment Financing Description	Business Investment Value

Section 3: Certification

I certify that I have examined this Recipient Report, including any attached addenda for filing with this report, and to the best of my knowledge and belief it is true, accurate and complete.	
Applicant (Please print)	Title
Signature	Date

Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligation hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on such party and enforceable in accordance with its terms.