



**RECIPIENT REPORT**  
 NORTH DAKOTA DEPARTMENT OF COMMERCE  
 SFN 58318 (04/2012)

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. This document constitutes that report. The recipient named below must provide the required information (Section A) before **March 1<sup>st</sup>** of this year as stipulated in the Business Incentive Agreement (BIA).

Failure to file a report could result in a \$100 per day fine up to a maximum of \$1,000. If the terms of the business incentive agreement are not met, the recipient shall not receive business incentives from other grantors for a period of five years from the date of failure or until the recipient satisfies its repayment obligation. Potential for agreement modifications or extensions must be discussed with individual grantors.

Even Recipients with no job goals must file recipient reports. Any increase in jobs, wages, benefits or total compensation will be reported as a bonus above and beyond project goals. For more information about **Business Incentive Agreements** see N.D.C.C. §54-60.1, [www.legis.nd.gov/cencode/t54c601.pdf](http://www.legis.nd.gov/cencode/t54c601.pdf)

**Section A: Progress Toward Goals**

Please provide the <b>current</b> information for the following as <b>required</b> by your BIA agreement.			
Number of FTE Jobs <sup>1</sup>	Average Hourly Earnings <sup>2</sup>	Average Hourly Benefits <sup>3</sup>	Total Average Compensation <sup>4</sup>

<sup>1</sup> Full time equivalent employees 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. <sup>2</sup>Earnings include wages, salary, bonus and commissions. <sup>3</sup> Benefits include health, disability, life and retirement benefits or insurance premium 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. <sup>4</sup>Earnings plus benefits.

**Business Status**

If you have no jobs to report, please note the reason why below.

Business not yet started

Business ceased to operate in ND on \_\_\_\_\_

Other, please explain

The following information reflects details from your **Business Incentive Agreement**.  
 Please review for accuracy and notify the Grantor of any errors or omissions.

**Recipient Information**

Name of Recipient Business	Also Known As		
Chief officer or authorized designee			
Mailing Address	City	State	Zip Code
Street Address (location of business in ND)	City	State	Zip Code

Location of recipient prior to receiving business incentive (if any)

Street Address	City	State	Zip Code
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Does recipient business have a parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list name and address of parent below.			
Name of Parent Corporation			
Street Address	City	State	Zip Code

**Grantor Information** (More Than One Grantor May Participate Per Project.)

Grantor		On Behalf Of	
Address		City	State Zip Code
Main Contact Person		Job Verification Contact Person	
Benefit Date	Value of Incentive	Type of Incentive	
Public purpose of business incentive agreement ( <i>select one only</i> ) <input type="checkbox"/> Assisting community development <input type="checkbox"/> Increasing tax base <input type="checkbox"/> Directly creating employment opportunities <input type="checkbox"/> Indirectly creating employment opportunities through increased economic activity <input type="checkbox"/> Job retention (only in cases in which job loss is specific and demonstrable)			

Grantor		On Behalf Of	
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**Jobs, Earnings, Benefits and Compensation**

EMPLOYMENT, EARNINGS, BENEFITS AND COMPENSATION AT TIME OF APPLICATION			
If this is a new business, values may appear as zeros.			
Number of FTE Jobs	Average Hourly Earnings	Average Hourly Benefits	Total Average Compensation

GOALS CONTAINED IN THE BUSINESS INCENTIVE AGREEMENT			
Number of FTE Jobs	Average Hourly Earnings	Average Hourly Benefits	Total Average Compensation

**Business Owners or Shareholders**

Below are the names and addresses of any individuals or shareholders who owned twenty percent (20%) or more of this business at the time you signed your original agreement. If this information is no longer correct, please cross out the names of those that no longer apply and add information for any new individuals or shareholders with 20% or more ownership.

Owner or Shareholder	Mailing Address	City	State	Zip

**Signature**

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