



# Missouri Department of Economic Development

## FORM ED/1: ECONOMIC DEVELOPMENT CLOSE-OUT

Grantee: \_\_\_\_\_ Project No.: \_\_\_\_\_

Award Date: \_\_\_\_\_ Grant/Loan Amount: \_\_\_\_\_

NAICS: \_\_\_\_\_ DUNS # \_\_\_\_\_

1. Using information from the Funding Approval/Grant Agreement, provide the following data:

Company(ies) Involved:

Name	Jobs to be Created/Retained	Existing Employees (at Start of Project)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Private Investment Release Date: \_\_\_\_\_

Pledged private investment: \_\_\_\_\_

Grantee cash match: \_\_\_\_\_

Grantee in-kind match: \_\_\_\_\_

Status of project to date:

A. Number of pledged jobs actually created/retained: \_\_\_\_\_

If pledged job creation/retention goals have not been reached, explain why not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Breakdown of jobs, job titles (see Employment Data under “Job Titles”) and applicants:

Company	Present Employment	New/ Retained Jobs	Job Titles	Total LMI	Number Low/Mod Income Between 80%-50%	Number Low Income Between 50%-30%	Number Very Low Income 30% and below

	Jobs		Applicants	
	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	Total Direct Beneficiaries	Hispanic Direct Beneficiaries
White:				
Black/African American:				
Asian:				
American Indian/Alaskan Native:				
Native Hawaiian/Other Pacific Islander:				
American Indian/Alaskan Native & White:				
Asian & White:				
Black/African American & White:				
Am. Indian/Alaskan Native & Black/African Am.:				
Asian & Native Hawaiian/Other Pacific Islander:				
All Others:				
<b>TOTAL</b>				
Female Head of Household:				
Handicapped (Disabled):				
Elderly:				
Immediate Prior Unemployment				

Amount of private investment documented: \_\_\_\_\_

Amount of grantee cash match documented: \_\_\_\_\_

Amount of grantee in-kind match documented: \_\_\_\_\_

**Program Income (Loan Only)**

A. Terms of loan: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
no. of years                      interest rate                      no. of installments

Payable: \_\_\_\_\_ / First Installment Due: \_\_\_\_\_  
monthly, semi-annually, annually                      date

Option exercised by grantee regarding program income at time of funding (check one):

- Return all program income to State
- Return principal to State; retain interest
- Retain all program income

Repayments made to date: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
principal                      interest                      total

Amount on hand (not spent): \_\_\_\_\_

Name of contact person regarding program income:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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Name of Grantee's Chief Elected Official

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Signature of Grantee's Chief Elected  
Official

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Date

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Name of Company's Chief Executive  
Officer

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Signature of Company's Chief Executive  
Officer

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Date