



COMPLETION REPORT
SNOWMOBILE SAFETY ENFORCEMENT
GRANT PROGRAM

Program Years 2016-2017

Agency: Mille Lacs County Sheriff's Office	Date: 5/18/16
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A. OPERATIONS REPORT

1. Personnel

Snowmobile Safety Enforcement Hours Worked by Agency Officers	35
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2. Off-Highway Vehicle Enforcement

a. Public complaints (Snowmobile Related Only)	3
b. Arrests/Summons (Snowmobile Related Only)	0
c. Warnings (oral and written, Snowmobile related contacts)	0
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	0
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	0

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal Snowmobile Accidents Reported to Your Agency	2
b. Number of Fatal OHV Accidents Reported to Your Agency	0

4. Cooperative Activities

a. Include a narrative on the Snowmobile Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year.
b. Include a narrative on your agency's participation in DNR Snowmobile Safety Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

B. FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	11		\$1,440.35	\$1,440.35
Part -Time	1		\$85.62	\$85.62
Sub-Total	12		\$1,525.97	\$1,525.97

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Gas		\$27.60	\$27.60
Labor- equipment install		\$653.00	\$653.00
Sub-Total		\$680.60	\$680.60

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
Slides		\$83.89	\$83.89
spark plugs		\$14.64	\$14.64
2 batteries		\$171.90	\$171.90
spare tire		\$227.00	\$227.00
Sub-Total		\$497.43	\$497.43

GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs		\$2,718.64	\$2,718.64

* Total of State Funds should equal Amount of Payment on Agreement.
 Unexpended Funds will not be reimbursed. Keep a copy of this report for your records.

This is to certify that the State Funds requested were used only for the purposes set forth in Laws of Minnesota 2015, First Special Session, Chapter 4, Article 3, Section 3, Sub division 7 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: Brent C. Lindtzen, Sheriff	TELEPHONE NUMBER 320-983-8250
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Payment Request Form

Snowmobile Safety Enforcement Grant Program

Project Number: (on the contract, B#####)	Local Sponsor: (This is You, the Grant recipient agency) Mille Lacs County Sheriff	Project Name: Snowmobile Safety Enforcement Grant Program, 2016-2017								
Request Number <u>1</u>	Address for Payment: (Where does DNR send the check?) Mille Lacs County Sheriff 640 3rd St SE Milaca, MN 56353									
Period for which funds are being requested: From: <u>7/1/15</u> To: <u>6/30/16</u>	I certify that I am the individual authorized to request funds and that all costs reported are in accordance with the grant agreement.									
Amount of Request \$ <u>\$2,718.64</u>	<table border="0"> <tr> <td style="text-align: right;">Signature</td> <td style="text-align: right;">Date</td> </tr> <tr> <td style="text-align: right;"><u>Brent C. Lindgren</u></td> <td style="text-align: right;"><u>5/18/16</u></td> </tr> <tr> <td style="text-align: right;">Name</td> <td style="text-align: right;">Title</td> </tr> <tr> <td style="text-align: right;">Phone Number: <u>320-983-8250</u></td> <td></td> </tr> </table>		Signature	Date	<u>Brent C. Lindgren</u>	<u>5/18/16</u>	Name	Title	Phone Number: <u>320-983-8250</u>	
Signature	Date									
<u>Brent C. Lindgren</u>	<u>5/18/16</u>									
Name	Title									
Phone Number: <u>320-983-8250</u>										
Remarks:										

↓ For Department Use Only ↓

I certify that the goods and/or materials covered by this claim have been inspected and received or the services have been performed and are in accordance with the grant agreement, and payment therefore is recommended. Payment approved in the amount of \$ _____ By _____ Date _____	FY	Vendor Number (9)	
	Dept R29	Invoice # (20)	
	P.O. #	Line #	Object #
	Payment Amount:		
	Transaction Date/No.	Dept. Auth. Signature	