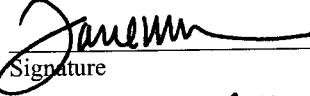


Off-Highway Vehicle Safety Enforcement Grant Program Payment Request Form

Project Number: (on the contract, B#####) B32705	Local Sponsor: (This is You, the Grant recipient agency) Carlton County Sheriff's Office	Project Name: Off-Highway Vehicle Safety Enforcement Grant Program, 2010-11
Request Number <u> 1 </u> Period for which funds are being requested: From: <u> 7 / 1 / 10 </u> To: <u> 6 / 30 / 11 </u> Amount of Request \$ <u> 7554.19 </u>	Address for Payment: (Where does DNR send the check?) PO Box 530 Carlton, mn 55718 I certify that I am the individual authorized to request funds and that all costs reported are in accordance with the grant agreement. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>08-31-2011</u> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"> <u>Jane M. Willie</u> Name </div> <div style="text-align: center;"> <u>Office/sys Admin.</u> Title </div> </div> Phone Number: <u> 218-384-3236 </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 preformed 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	Invoice # (20)		
	R29	P.O. #	Line #	Object #
	Payment Amount:			
	Transaction Date/No.	Dept. Auth. Signature		

**OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
PARTICIPANT COMPLETION REPORT
Program Years 2010-11**

Agency: Carlton County Sheriff's Office	Date: August 31, 2011
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1. OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers	73
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2. Off-Highway Vehicle Enforcement

a. Public complaints (OHV Related)	4
b. Arrests/Summons (OHV Related)	1
c. Warnings (oral and written, OHV related contacts)	68
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	0
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	1

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal OHV Accidents Reported to Your Agency	5
b. Number of Fatal OHV Accidents Reported to Your Agency	1

4. Cooperative Activities

- a. Include a narrative on the Off-Highway Vehicle Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year.

None

- b. Include a narrative on your agency's participation in DNR Off-Highway Vehicle Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

In July at Fond du Lac Tribal and Community College in Cloquet, MN and in September of 2010 at Moose Lake, MN, four Deputies from the Carlton County Sheriff's Office participated in a training held by local Conservation Officer, Scott Staples.

2. FISCAL REPORT
GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time				
Part -Time	8	0	7147.78	7147.78
Sub-Total	8	0	7147.78	7147.78

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Fuel	0	15.29	15.29
ATV Tires	0	85.49	85.49
ATV Tires	0	305.63	305.63
Sub-Total	0	406.41	406.41

GROUP 3 EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
Sub-Total	0	0	0

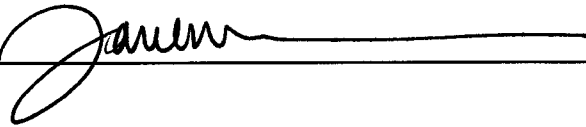
GROUP 4 TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	0	7554.19	7554.19

*** 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 2009, Chapter 37, Article 1, Section 4 Subdivision 8 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: 	TELEPHONE NUMBER 218-384-3236
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