



Mail to: Minnesota Department of Natural Resources
500 Lafayette Road Box 47, St. Paul, MN 55155

Payment Request Form Off-Highway Vehicle Safety Enforcement Grant Program 2018-2019

Project Name: OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM, 2018-2019

Local Participant (grant recipient):

Carlton County Sheriff's Office

Purchase Order Number (listed on contract):

R2901-3000135737

Address for Payment: (listed on purchase order)

PO Box 530
Carlton, MN 55718

Request Number:

1

Date period for which funds are being requested.

From: 07-01-2017

To: 06-30-2018

Amount of Request: \$6467.91

I certify that I am the individual authorized to request funds and that all costs reported are in accordance with the grant agreement.

Signature

Date: 09-20-2018

Name: Jane M. Willie

Title: Office/Systems Administrator

Phone Number: 218-384-3236

↓ FOR DEPARTMENT USE ONLY ↓

ENF Remarks:

[Empty box for ENF Remarks]

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 \$

[Empty box for payment amount]

By:

[Empty box for signature]

Date:

[Empty box for date]

FY: [Empty box]

DEPT: R29

Vendor #: [Empty box]

Invoice #: [Empty box]

PO #: [Empty box]

Line #: [Empty box]

Object #: [Empty box]

Payment Amount:

[Empty box for payment amount]

Transaction Date/No.

[Empty box for transaction date/number]

Department Authorized Signature:

[Empty box for department authorized signature]

PARTICIPANT COMPLETION REPORT
OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
Program Years 2018-2019

AGENCY:

DATE:

OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers:

2. Off-Highway Vehicle Enforcement

a. Public Complaints (OHV Related):

b. Arrests/Summons (OHV Related):

c. Warnings (oral and written, OHV related contacts):

d. Number of Alcohol Related Arrests (DWI, Reckless, & Careless):

e. Number of Illegal Operation Arrests (Speed & Operate on Roadway):

3. Cooperative Activities

a. Number of non-fatal OHV accidents reported to your agency:

b. Number of fatal OHV accidents reported to your agency:

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 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.

The Carlton County Sheriff's Office coordinated enforcement activities with local Conservation Officers to patrol and enforce safety and adherence to regulations on trails within Carlton County.

FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full-Time				
Part-Time	4	0	3036.28	3036.28
Sub-Total	4	0	3036.28	3036.28

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Costs
ATV Registration	0	8.50	8.50
Tie Down Ratchet	0	25.98	25.98
ATV Certification - Miller	0	39.65	39.65
Sub-Total		74.13	74.13

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Costs
Aluma 7712H Tilt Trailer	0	3195.00	3195.00
ATV Plate & Graphics	0	162.50	162.50
Sub-Total		3357.50	3357.50

GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Costs
Grand Total Costs	0	6467.91	6467.91

*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 2017, Chapter 93, Article 1, Section 3, and the information contained in this form is correct to the best of my knowledge.

Signature:  Jane M. Willie

Date: 09-20-2018

Phone Number: 218-384-3236