



COMPLETION REPORT

SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM

Program Years 2016-2017

Agency: Carlton County Sheriff's Office	Date: 10-24-2017
---	----------------------------

A. OPERATIONS REPORT

1. Personnel

Snowmobile Safety Enforcement Hours Worked by Agency Officers	20
---	----

2. Snowmobile Safety Enforcement

a. Public complaints (Snowmobile Related Only)	9
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. Snowmobile Accidents

a. Number of Non-fatal Snowmobile Accidents Reported to Your Agency	0
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.	
- none -	
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.	
Carlton County Deputies coordinated patrol activity with local Conservation Officers to monitor and enforce safe snowmobile activity on trails within Carlton County,	

B. FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time				
Part -Time	3	0	1096.83	1096.83
Sub-Total	3	0	1096.83	1096.83

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
None	0	0	0
Sub-Total	0	0	0

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
Snowmobiles:	3937.83	3487.17	7420.00
2018 Polaris 550 XLT			
Sub-Total	3937.83	3487.17	7420.00

GROUP 4: TOTAL GRANT FUNDS

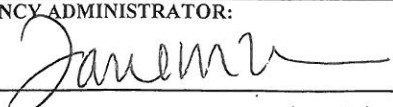
	Agency Funds	State Funds*	Total Cost
Grant Total Costs	3937.83	4579.00	8514.83

* 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: 	TELEPHONE NUMBER 218-384-9549
--	----------------------------------

10-26-2017