

PARTICIPANT COMPLETION REPORT
SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM
Program Years 2018-2019

AGENCY:

DATE:

OPERATIONS REPORT

1. Personnel

Snowmobile Safety Enforcement Hours Worked by Agency Officers:

2. Snowmobile Safety Enforcement

a. Public Complaints (Snowmobile Related Only):

b. Arrests/Summons (Snowmobile Related Only):

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

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

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

3. Snowmobile Accidents

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

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

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 participation in DNR Snowmobile Safety Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

FISCAL REPORT

GROUP 1: PERSONNEL

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

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Costs
Sub-Total			

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Costs
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Sub-Total


GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Costs
Grand Total Costs			

***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, Section 3, Sub division 6 and the information contained in this form is correct to the best of my knowledge.

Signature:  _____

Date:

Phone Number: