

**OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
PARTICIPANT COMPLETION REPORT**
Program Years 2012-13

Agency: Aitkin County	Date: 06/14/13
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1. OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers	416.25
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2. Off-Highway Vehicle Enforcement

a. Public complaints (OHV Related)	54
b. Arrests/Summons (OHV Related)	7
c. Warnings (oral and written, OHV related contacts)	30
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	3
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	4

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal OHV Accidents Reported to Your Agency	6
b. Number of Fatal OHV Accidents Reported to Your Agency	2

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.

Deputy Guida was present at ATV trainings to assist. Inform public by flyers, fairs, offering DNR DVD. etc.

- 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.

Deputy Guida rode trails with Conservation Officers on several occasions and worked misc. enforcement.

2. FISCAL REPORT
GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	1	917.83	10,000.00	10917.83
Part -Time				
Sub-Total		917.83	10,000.00	10917.83

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Gas / Oil	471.53		471.53
Maintenance	21.36		21.36
Phone	133.07		133.07
Sub-Total	625.96		625.96

GROUP 3 EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
3 ATV Safety Helmets	544.99		544.99
Sub-Total	544.99		544.99

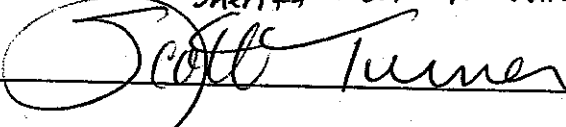
GROUP 4 TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	2088.78	10,000.00	12,088.78

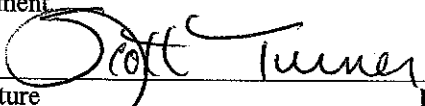
* Total of State Funds should equal Amount of Payment on Agreement.
 Unexpended Funds will not be reimbursed. Keep a copy of this report for your records.

This is to certify that the State Funds requested were used only for the purposes set forth in Laws of Minnesota 2011, First Special Session, Chapter 2, Article 1, Section 4 Subdivision 7 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: <i>Sheriff Scott A. Turner</i> 	TELEPHONE NUMBER 218-927-7431
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Off-Highway Vehicle Safety Enforcement Grant Program Payment Request Form

Contract Number: (on the contract) 200254684-00	Local Sponsor: (This is You, the Grant recipient agency) Aitkin County Sheriff's Office	Project Name: Snowmobile Safety Enforcement Grant Program, 2012-13
Request Number <u> 1 </u> Period for which funds are being requested: From: 7/1 <u> 2012 </u> To: 6/30 <u> 2013 </u> Amount of Request \$ <u> 10,000.00 </u>	Address for Payment: (Where does DNR send the check?) 217 2nd St NW RM# 185, Aitkin, MN 56431 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="text-align: center; margin-top: 10px;">  _____ Signature Date </div> <div style="text-align: center; margin-top: 5px;"> Scott A. Turner Sheriff Name Title </div> <div style="margin-top: 5px;"> Phone Number: <u> 218-927-7431 </u> </div>	
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		