

**SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM  
PARTICIPANT COMPLETION REPORT**

Program Years 2012-13

<b>Agency:</b> Aitkin County Sheriff's Office	<b>Date:</b> May 8, 2013
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1. OPERATIONS REPORT

1. Personnel

SSE Safety Enforcement Hours Worked by Agency Officers	749.25
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2. Off-Highway Vehicle Enforcement

a. Public complaints (SSE Related)	40
b. Arrests/Summons (SSE Related)	5
c. Warnings (oral and written, SSE related contacts)	45
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	2
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	3

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal SSE Accidents Reported to Your Agency	3
b. Number of Fatal SSE 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.

Deputy Guida assisted Sheriff Scott Turner with snowmobile safety classes in Tamarack. Sheriff Turner was the primary instructor. There is continual education as we touch on snowmobile safety at our County Fair and commerce shows. Deputy Guida also spoke with different snowmobile clubs in the area.

- 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.

Deputy Guida rode trails on several dates with Conservation Officers and worked enforcement with them on the many trails in Aitkin County.

2. FISCAL REPORT  
**GROUP 1 PERSONNEL**

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	1	10237.83	6362.00	16599.83
Part -Time				
Sub-Total		10237.83	6362.00	16599.83

**GROUP 2 SUPPLIES AND EXPENSES**

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

**GROUP 3 EQUIPMENT**

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

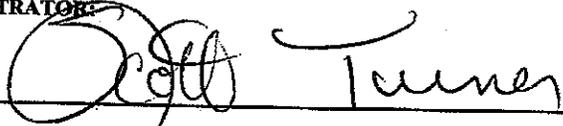
**GROUP 4 TOTAL GRANT FUNDS**

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	10237.83	6362.00	16599.83

\* 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.

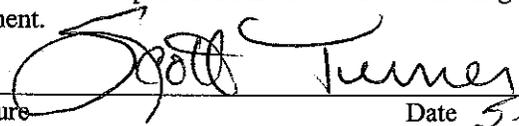
This is to certify that the State Funds requested were used only for the purposes set forth in Laws of Minnesota 2011, First Special Session, Chapter 2, Article 1, Section 4 Subdivision 7 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: Scott A. Turner		TELEPHONE NUMBER 218-927-7431
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11/12  
5-8-13

## Snowmobile Safety Enforcement Grant Program Payment Request Form

Contract Number: (on the contract)  034051001-00	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 /2012 To: 6/30/2013  Amount of Request \$ <u>  6,362.00  </u>	Address for Payment: (Where does DNR send the check?)  Aitkin County Sheriff's Office 217 2 <sup>nd</sup> 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;">             Signature _____ Date <u>  5-8-13  </u>   <u>  Scott A. Turner  </u> Sheriff            Name Title             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 <b>R29</b>	Invoice # (20)	
	P.O. #	Line #	Object #
	Payment Amount:		
	Transaction Date/No.	Dept. Auth. Signature	