



COMPLETION REPORT

SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM

Program Years 2016-2017

Agency: RENVILLE COUNTY SHERIFF	Date: 08/15/2016
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A. OPERATIONS REPORT

1. Personnel

Snowmobile Safety Enforcement Hours Worked by Agency Officers	0
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2. Off-Highway Vehicle Enforcement

a. Public complaints (Snowmobile Related Only)	0
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. Off-Highway Vehicle 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. The sheriff's office will again offer snowmobile training in the fall of the year, at no charge to the students. We will also be patrolling state trails if we have snow this winter.	
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. We will invite the state DNR agent from our area to participate in the snowmobile training this fall.	

B. FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	14			0
Part -Time	5			0
Sub-Total				0

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
second half snowmobile payment	111.00	3581.00	3692.00
Sub-Total	111.00	3581.00	3692.00

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	111.00	3581.0	3692.00

* 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: DOUG POMPLUN	TELEPHONE NUMBER 320 523-3772
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