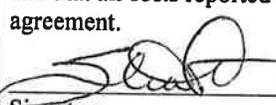


Off-Highway Vehicle Safety Enforcement Grant Program Payment Request Form

Contract Number: (on the contract.) <u>0-34822</u>	Local Sponsor: (This is You, the Grant recipient agency) Roseau 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: <u>7/1/2011</u> To: <u>6/30/2012</u> Amount of Request \$ <u> 1783.55 </u>	Address for Payment: (Where does DNR send the check?) Roseau County Sheriff'S Office 604 5TH AV SW Roseau, MN 56751 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="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>9/25/2012</u> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>Steve Gust</u> Name </div> <div style="text-align: center;"> <u>Sheriff</u> Title </div> </div> <p>Phone Number: <u>(218) 463-1421</u></p>	
Remarks: <div style="height: 40px;"></div>		

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 R29	Invoice # (20)	
	P.O. #	Line #	Object #
	Payment Amount:		
	Transaction Date/No.	Dept. Auth. Signature	

SG-006

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

Agency: Roseau County Sheriff's Office	Date: 9/25/2012
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1. OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers	55.50
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2. Off-Highway Vehicle Enforcement

a. Public complaints (OHV Related)	7
b. Arrests/Summons (OHV Related)	0
c. Warnings (oral and written, OHV related contacts)	0
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	1
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	0

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal OHV Accidents Reported to Your Agency	2
b. Number of Fatal OHV Accidents Reported to Your Agency	0

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.

Our agency works with local conservation officers who present training to youth in our county.

- 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.

Roseau County officer patrolled the area of Beltrami State Forest that is located in Roseau County. Officer also spent time at the Wildlife Management area in Roseau County patrolling where wetlands are off-limits to Off Highway vehicles.

2. FISCAL REPORT
GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time				
Part -Time	1		1271.60	1271.60
Sub-Total			1271.60	1271.60

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Belt for Ranger		113.74	113.74
Fuel for OHV grant		349.39	349.39
ATV tie downs		48.82	48.82
Sub-Total		511.95	511.95

GROUP 3 EQUIPMENT

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

GROUP 4 TOTAL GRANT FUNDS

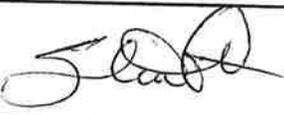
	Agency Funds	State Funds*	Total Cost
Grant Total Costs		1783.55	1783.55

* 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: 	TELEPHONE NUMBER (218) 463-1421
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