



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

Program Years 2016-2017

Agency: <i>Isanti County</i>	Date: <i>6-12-17</i>
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**A. OPERATIONS REPORT**

**1. Personnel**

Snowmobile Safety Enforcement Hours Worked by Agency Officers	<i>25</i>
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**2. Snowmobile Safety Enforcement**

a. Public complaints (Snowmobile Related Only)	<i>2</i>
b. Arrests/Summons (Snowmobile Related Only)	<i>1</i>
c. Warnings (oral and written, Snowmobile related contacts)	<i>0</i>
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	<i>0</i>
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	<i>1</i>

**3. Snowmobile Accidents**

a. Number of Non-fatal Snowmobile Accidents Reported to Your Agency	<i>0</i>
b. Number of Fatal OHV Accidents Reported to Your Agency	<i>0</i>

**4. Cooperative Activities**

<p>a. Include a narrative on the Snowmobile Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year.</p> <p align="center"><i>none</i></p>
<p>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.</p> <p align="center"><i>none</i></p>

## B. FISCAL REPORT

### GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	3	103.07	427.56	530.63
Part -Time				
Sub-Total				530.63

### GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
winterize/battery		83.95	83.95
tire repair		15	15
tires		59	59
Sub-Total		157.95	157.95

### GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
enclosed trailer			3803.49
Sub-Total			3803.49

### GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	103.07		4389

\* 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:

TELEPHONE NUMBER

*[Handwritten Signature]*  
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