

**PARTICIPANT COMPLETION REPORT  
SNOWMOBILE SAFETY ENFORCEMENT GRANT  
PROGRAM Program Years 2020-2021**

AGENCY:  DATE:

**OPERATIONS REPORT**

1. Personnel

Snowmobile Safety Enforcement Hours Worked by Agency Officers:

2. Snowmobile Safety Enforcement

a. Public Complaints (Snowmobile Related Only):

b. Arrests/Summons (Snowmobile Related Only):

c. Warnings (oral and written, Snowmobile related contacts):

d. Number of Alcohol Related Arrests (DWI, Reckless, & Careless):

e. Number of Illegal Operation Arrests (Speed & Operate on Roadway):

3. Snowmobile Accidents

a. Number of non-fatal Snowmobile accidents reported to your agency:

b. Number of fatal Snowmobile accidents reported to your agency:

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.

During the 2020-2021 the Sheriff's Office did not participate in any training or education projects.

b. Include a narrative on your agency participation in DNR Snowmobile Safety Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

Polk County Sheriff's Office works with conservation officers during winter months to provide snowmobile safety throughout the county.

**FISCAL REPORT**

**GROUP 1: PERSONNEL**

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full-Time	2	0	0	0
Part-Time	0			
Sub-Total	2			0

**GROUP 2: SUPPLIES AND EXPENSES**

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Costs
N/A			
Sub-Total	N/A	N/A	N/A

**GROUP 3: EQUIPMENT**

Equipment (Itemized)	Agency Funds	State Funds	Total Costs
N/A			
Sub-Total	N/A	N/A	N/A

**GROUP 4: TOTAL GRANT FUNDS**

	Agency Funds	State Funds*	Total Costs
Grand Total Costs	0	0	0

**\*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 2019, 1st Special Session, Chapter 4, Article 1, Section 3, Subdivision 7, Paragraph (d) and the information contained in this form is correct to the best of my knowledge.*

Signature: \_\_\_\_\_

*Sheriff James Adams*

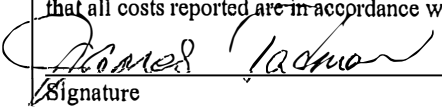
Date:

06/29/2021

Phone Number:

218-281-0431

**Payment Request Form  
Snowmobile Safety Enforcement Grant Program  
2020-2021**

<u>Project Number:</u> (contract # or purchase order number) 169567 / 3-163934	<u>Local Participant:</u> (This is the Grant Recipient Agency) Polk County	<u>Project Name:</u>  <b>Snowmobile Safety Enforcement Grant Program, 2020-2021</b>
Request Number: <u>1</u>  Period for which funds are being requested: From: <u>July 1, 2020</u> To: <u>June 30, 2021</u>  Amount of Request \$ <u>0</u>	Address for Payment: (Where does DNR send the check?)  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; align-items: center;"> <div style="text-align: center;">   <u>Signature</u> </div> <div style="text-align: center;"> <u>06/29/2021</u>  <u>Date</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;">           James Tadman  <u>Name</u> </div> <div style="text-align: center;">           Sheriff  <u>Title</u> </div> </div> <div style="margin-top: 5px;">           Phone Number: <u>218-281-0431</u> </div>	
Remarks (For DNR Enforcement Use) :		

**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	