

500 Lafayette Road, Box 47 St. Paul, MN 55155

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

AGEN	CY: Polk County Sherif	f's Office	DATE:	06/29/2021	
OPER	ATIONS REPORT				
	Snowmobile Safety Enforce	ement Hours Worked by Agency Office	ers:	2	
2. Snow	mobile Safety Enforcement	t			
	a. Public Complaints (Snov	wmobile Related Only):		0	
1	o. Arrests/Summons (Snow	vmobile Related Only):		The state of the s	38-114
	c. Warnings (oral and writt	ten, Snowmobile related contacts):		2	
•	l. Number of Alcohol Relat	ted Arrests (DWI, Reckless, & Careless):	O	
	e. Number of Illegal Operat	tion Arrests (Speed & Operate on Road	lway):	O SANA A THE PROJECT AND ANY CONTRACT CONTRACT SANA AND CONTRACT C	
3. Snow	mobile Accidents				
	a. Number of non-fatal Sno	owmobile accidents reported to your ag	gency:		ngga manga ti sena
1	o. Number of fatal Snowmo	obile accidents reported to your agency	:	0	

4. Cooperative a. Include a		obile Training and Educa	tion Projects/Efforts that	t your Agency						
accompl	ished or participated in di	uring this fiscal year.	•	, ,						
During the	During the 2020-2021 the Sheriff's Office did not participate in any training or education projects,									
			,							
h Include	b. Include a narrative on your agency participation in DNR Snowmobile Safety Enforcement activities									
during tl		cludes participation in tra								
granda and special deposits and thinking			ene i i i i i i i i i i i i i i i i i i	and the second of the second o						
	Polk County Sherlff's Office works with conservation officers during winter months to provide snowmobile safety throughout the county.									
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FISCAL RI	EPORT									
GROUP 1: PERSONNEL										
Personnel	Number of Officers	Agency Funds	State Funds	Total Cost						
Full-Time	2	0	0	0						
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Part-Time	**************************************	Amment of Survey to Total act & see a married or more incompletely to	to the contract of the contrac	and a constitution with the constitution of th						
Sub-Total	2	A the second section of the second section of the second section is a second section of the second section of the second section sec	**************************************	10						
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GROUP 2: S	UPPLIES AND EXPENSE	38								
Itemized Expenses (Itemized)		Agency Funds	State Funds	Total Costs						
N/A	i yazar salaka ili yadan kamma ilimpa kinga kinga mahaji kinga maji maji maji maji kinga kinga kinga kinga kin	Produces and the commensation of the control of the		the state of the s						
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po mo kalina nekoleh hara Shiniya mengaliliya sapa na	oo - a arii kaak kaakka oo kuu kaa kaa kaa kaa kaa kaa kaa kaa kaa	ing processorates commissions retains to a supplication of sources	rig - grannskrypnyl _{ke} meller en sypholynopra nyvolet (somennym - 1986 - 1 - 1 - 1	and frank managements are a superior and sup						
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		ANALAN Separate a transfer of the first section of	وي - الإنجاب الكان ويساع المناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة المناطقة والمناطقة وال	et aj - gravitante membrano con companyo escalación e «celación» e «celación».						
	Cub Total	NI/A	INI/A	NI/A						

GROUP 3: EQUIPMENT Agency Funds State Funds **Total Costs** Equipment (Itemized) 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 *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:

Date: 06/29/2021

Phone Number: 218-281-0431



MAIL TO: 500 Lafayette Road, Box 47

St. Paul, MN 55155

Payment Request Form Snowmobile Safety Enforcement Grant Program 2020-2021

Project Number: (contract # or purchase order number) 169567 / 3-163934	Local Participant: (This is the Grant Recipient Agency) Polk County				Enforcement 20-2021	t		
Request Number: 1 Period for which funds are being i		Address for Pa	yment: (Wh	ere does DNR	send the check?))		
From: July 1, 2020 To:	June 30, 2021							
Amount of Request \$ 0 Remarks (For DNR Enforcement)	I certify that I am the individual authorized to request funds and that all costs reported are in accordance with the grant agreement. O6/29/2021 Signature Date James Tadman Sheriff Name Title 218-281-0431 Phone Number:							
	,							
	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.		Dept	29	Vendor Number (9) Invoice # (20)				
Payment approved in the amount of	of\$	P.O. #		Line #	Object#	•		
By		Payment A	mount:	1				
		Transaction	n Date/No.	Dept. Auth.	Signature			