



**PROPOSED BUDGET
OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT
GRANT PROGRAM – 2018 & 2019**

APPLICANT AGENCY INFORMATION

Local Law Enforcement Agency Name:
Mailing Address:
City & Zip Code:
Phone Number: _____ Fax Number: _____
E-mail Address:

GROUP 1: PERSONNEL

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

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses	Agency Funds	State Funds	Total Cost
Sub-Total			

GROUP 3: EQUIPMENT

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

GROUP 4: TOTAL GRANT COSTS

	Agency Funds	State Funds*	Total Cost
TOTAL			

***Must equal the amount listed in Amount of Payment on Contract Grant Agreement.**

Remember

- Please print or type.
- Use plain bond paper if additional space is needed.
- Attach the additional pages to this form.

Return this form with the Grant Agreements (i.e., the signed Contracts, which will be mailed out to you once final funding amounts are determined) to:

Adam Block
 MN DNR Division of Enforcement
 500 Lafayette Road, Box 47
 St. Paul, MN 55155-4047

Keep one copy of this form for your agency files.

“This is to certify that the State Funds requested will be used only for the purposes set forth in Laws of Minnesota 2017, Chapter 93, Article 1, Section 3, and the information contained in this form is correct to the best of my knowledge”.

Signature of Agency Administrator	Date