



**SNOMOBILE SAFETY  
ENFORCEMENT GRANT PROGRAM  
PROPOSED BUDGET  
Program Year 2020-2021**

**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				
<b>Sub-Total</b>				

**GROUP 2: SUPPLIES AND EXPENSES**

Itemized Expenses	Agency Funds	State Funds	Total Cost
<b>Sub-Total</b>			

**GROUP 3: EQUIPMENT**

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
<b>Sub-Total</b>			

**Group 4: Total Grant Costs**

	Agency Funds	State Funds*	Total Cost
<b>TOTAL</b>			

\*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:**

Chuck Niska, Program Manager  
 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 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 of Agency Administrator	Date