



Please send to: ENFPaymentsCO.dnr@state.mn.us
Questions? (651) 355-0160

Payment Request Form

Off Highway Vehicle Safety Enforcement Grant

Contract or Purchase Order # County Grant Recipient: Project Name:

CHECK below, period for which funds are being requested:

Address for Payment:

From 07/01/2021 to 06/30/2022

From 07/01/2022 to 06/30/2023

Amount of Request: \$

I certify that I am the individual authorized to request funds and that all costs reported are in accordance with the grant agreement.

COUNTY COMMENTS (if any):

Signature

Date

Print Name, Title

Phone Number:

MN Department of Natural Resource Use Only:

Vendor Number (9):

I certify that the goods and/or materials covered by this claim have been inspected and received or the services have been performed and are in accordance with the grant agreement and payment therefor is recommended.

FY:

DEPT: **R29**

Invoice # (20):

Payment approved in the amount of \$

P.O. #

LINE #

OBJECT #

By

PAYMENT AMOUNT:

Date

Transaction Date/No

DEPT AUTH. Signature



COMPLETION REPORT INSTRUCTIONS

OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM

Program Years 2022-2023

The Completion Report Form must be completed and returned to DNR Enforcement before any current Off-Highway Vehicle (OHV) Safety Enforcement Grant Program payments will be made, and before and future participant applications will be considered.

ON-GOING REPORTING REQUIREMENTS REMINDER FOR 2020-2021

The 2021 Minnesota Legislature included language in the funding appropriation that requires counties to post the accomplishments of its Sheriff's Offices in the program on its website, also reporting it to the state, by June 30th of each year the county participates. The existing Completion Report content will be sufficient information for this reporting requirement.

A. OPERATIONS REPORT

This portion should be completed by the Applicant Law Enforcement Agency Program Administrator.

1. Personnel

Include only those hours worked by officers and other personnel involved in OHV safety enforcement activities. Be sure you have written/paper documentation for these hours, and provide **one (only!)** copy of a completed form as an example, and hours for all personnel charged against this grant program.

2. Off-Highway Vehicle Enforcement

The number of off-highway vehicle related complaints reported to your Agency. The number of arrests and contacts in each category should be listed (only those warnings and citations issued by Agency Officers working OHV safety enforcement duties should be included-do not include those warnings and citations issued by conservation officers).

3. Off-Highway Vehicle Accidents

List the number of fatal and non-fatal snowmobile accidents reported to your Agency.

4. Cooperative Activities

Provide a short narrative of the accomplishments of your agency in each of these areas.

B. FISCAL REPORT

This portion must be completed by the agency administrator and should include only those funds expended or encumbered during the period of the grant (e.g., July 1, 2017 – June 30, 2018, or, from the effective date of the grant through June 30 of the following year).

These classifications (personnel, supplies and expenses, and equipment) are equivalent to the categories on the Proposed Budget you submitted with the signed copies of your Grant Agreement. Refer to the form entitled Allowable Expenses for guidance when completing this report. Only expenses related to Off-Highway Vehicle safety training and/or enforcement activities are to be included. These should be clearly identifiable on your county Integrated Payment System Report, and you may keep a separate form to show all accumulated hours charged to the OHV Grant Program. Be sure to keep copies of documentation of all expenditures, including copies of Officer Logs, invoices, county purchase orders, integrated payment system summaries and any other applicable proofs of expenses incurred that are related to this grant. Please separate county and state fund amounts, and total them across and down the page. The agency appointed program administrator **MUST** sign and return the Completion Report Form.

Upon completion, return one copy of the Completion Report to:

ENFPaymentsCO.dnr@state.mn.us

PARTICIPANT COMPLETION REPORT
OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
Program Years 2022-2023

AGENCY:

DATE:

OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers:

2. Off-Highway Vehicle Enforcement

a. Public Complaints (OHV Related):

b. Arrests/Summons (OHV Related):

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

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

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

3. Cooperative Activities

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

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

4. Cooperative Activities

a. Include a narrative on the Off-Highway Vehicle Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year.

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

FISCAL REPORT

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 (Itemized)	Agency Funds	State Funds	Total Costs
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Sub-Total

GROUP 3: EQUIPMENT

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

GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Costs
Grand Total Costs			

*** 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 2021 Laws of Minnesota, 1st Special Session, Chapter 6, Article 1, Section 3, Subdivision 7 (f), and the information contained in this form is correct to the best of my knowledge.

Signature: _____

Date:

Phone Number: