



Please send to: Kelly.Affeldt@state.mn.us

Questions: (651) 259-5361

# 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 07/01/2023 to 06/30/2024

From 07/01/2024 to 06/30/2025

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:

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 therefor is recommended.

Vendor Number (9):

FY:

DEPT: **R29**

Invoice # (20):

Payment approved in the amount of \$

P.O. #

LINE #

OBJECT #

By

PAYMENT AMOUNT:

Date

Transaction Date/No

ENF AUTH. Signature

**PARTICIPANT COMPLETION REPORT**  
OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM  
Program Years 2024-2025

COUNTY:

DATE:

**OPERATIONS REPORT**

**1. Personnel**

OHV Safety Enforcement Hours Worked by County 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 County:
- b. Number of fatal OHV accidents reported to your County:

#### 4. Cooperative Activities

Include a narrative on the Off-Highway Vehicle Training and Education Projects/Efforts that your County accomplished or participated in during this fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

### **FISCAL REPORT**

#### **GROUP 1: PERSONNEL**

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

#### **GROUP 2: SUPPLIES AND EXPENSES**

Itemized Expenses (Itemized)	County Funds	State Funds	Total Costs
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Sub-Total

**GROUP 3: EQUIPMENT**

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

**GROUP 4: TOTAL GRANT FUNDS**

	County Funds	State Funds*	Total Costs
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**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 2023 Laws of Minnesota Legislature and the information contained in this form is correct to the best of my knowledge.*

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

**Date:**

**Phone Number:**



# COMPLETION REPORT INSTRUCTIONS

## OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM

### Program Years 2024-2025

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 2023 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 30<sup>th</sup> 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, 2023 – June 30, 2024).*

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:

Kelly.Affeldt@state.mn.us