

**2012 SURVEY AND REMONUMENTATION GRANT APPLICATION**  
**Attachment A To Annual Grant Agreement**  
**Complete and Submit This Application No Later Than December 31, 2011**  
 Authority: 1990 PA 345

Department of Licensing and Regulatory Affairs (LARA)  
 Bureau of Construction Codes  
**Office of Land Survey and Remonumentation**  
 Shipping Address: 2501 Woodlake Circle, Okemos, MI 48864  
 Mailing Address: PO Box 30254, Lansing, MI 48909  
 Telephone: (517) 241-6321 Facsimile: (517) 241-6301  
 Email: bccolsr@michigan.gov

APPLICANT (County): \_\_\_\_\_  
 FEDERAL I.D. #: \_\_\_\_\_  
 Grant #: BCC-12- \_\_\_\_\_  
 MAIN Mail Code: \_\_\_\_\_

County Grant Administrator:	County Representative/Surveyor:	Grantee Address for Payments:
Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State, Zip:	State, Zip:	State, Zip:
Telephone:	Telephone:	Telephone:
Fax:	Fax:	
Email:	Email:	

**2012 GRANT REQUESTED**

If expedited amount is included, the county must have an approved Expedited County Plan.

Item 1 2012 State Grant	Item 2 Local Contributions	Item 3 Expedited Amount	Item 4 Reimbursement for Expedited Expenditures (≤ 50% of Item 1)	Item 5 2012 Total Annual Budget (1 + 2 + 3 - 4 = 5)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

I certify the information in this grant application is correct to the best of my knowledge, and the county has the capability to perform the work specified through one or more licensed professional surveyors.

\_\_\_\_\_  
 Signature of County Grant Administrator (Originals Only)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of County Representative/Surveyor (Originals Only)  
 (Optional)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chris Beland, P.S., Director  
 Office of Land Survey and Remonumentation

\_\_\_\_\_  
 Date

County of: \_\_\_\_\_

<b>CONTRACTUAL SURVEY SERVICES</b>							
Total Contractual Survey Services must be a minimum of 85% of the Total Annual Budget (Items A, B, C and D)							
<b>Item A -Research/Monumentation</b>							
<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>	<b>Column F</b>	<b>Column G</b>	<b>Column H</b>
<b>Standard Corners</b>	<b>Common Corners</b>	<b>Standard Corners Revisited</b>	<b>Common Corners Revisited</b>	<b>Standard Corners Completed by Others</b>	<b>Common Corners Completed by Others</b>	<b>Percentage of Total Budget</b>	<b>Total Research/ Monumentation Expenditures</b>
						%	\$
<b>For each column above, itemize and list all PLSS corner codes by the surveyed township, i.e., town, range and corner code. Provide rationale for any unusual situation anticipated. Attach additional pages as necessary.</b>						<b>Total # of Corners</b>	<b>Approximate Cost Per Corner</b>
Column A Corner List:							\$
Column B Corner List:							\$
Column C Corner List:							\$
Column D Corner List:							\$
Column E Corner List:							\$
Column F Corner List:							\$
<b>Corners Completed by Others</b>						<b>Total # of Corners</b>	<b>Approximate Cost Per Corner</b>
Private Corners:							\$
DNR Corners:							\$
USFS Corners:							\$
MDOT Corners:							\$
County Road Commission Corners:							\$
County Drain Commission Corners:							\$
Replaced Due to Construction:							\$

**Item B - Monumentation Supplies - Attach additional pages as necessary**

No. of Markers: _____ x \$ _____ each = \$ _____	<b>Percentage of Total Budget</b>	<b>Total</b>
No. of Caps: _____ x \$ _____ each = \$ _____		
Other: _____ x \$ _____ each = \$ _____		
<b>Subtotal Item B</b>	%	\$

**Item C - Peer Group (Contractual Survey Services)**

No. of Members: _____ x Fee per Member _____ x No. of Mtgs _____ =	%	\$
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**Item D - State Plane Coordinates**  
 Note: Coordinate positioning is not statutorily required and does not need to be completed prior to entering a maintenance program.

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
<b>Standard Corners</b>	<b>Common Corners</b>	<b>Standard Corners Revisited</b>	<b>Common Corners Revisited</b>	<b>Standard Corners Completed by Others</b>	<b>Common Corners Completed by Others</b>	<b>Percentage of Total Budget</b>	<b>Total Research/ Monumentation Expenditures</b>
						%	\$

**For each column above, itemize and list all PLSS corner codes by the surveyed township, i.e., town, range and corner code. Provide rationale for any unusual situation anticipated. Attach additional pages as necessary.**

	Total # of Corners	Approximate Cost Per Corner
Column A Corner List:		\$
Column B Corner List:		\$
Column C Corner List:		\$
Column D Corner List and Rationale:		\$
Column E Corner List and Rationale:		\$
Column F Corner List and Rationale:		\$

<b>TOTAL CONTRACTUAL SURVEY SERVICES</b> A minimum of 85% of the Total Annual Budget		
<b>Total Items A + B + C + D</b>	%	\$

County of: \_\_\_\_\_

<b>ADMINISTRATION</b>			
Up to 15% of the Total Annual Budget			
<b>Item E - Administration (Staffing)</b>			
Identify by name and estimate the number of hours, rate of pay/fringe benefits/contract amount and description of duties (excluding the Grant Administrator and County Representative/Surveyor) for the following. Attach additional pages as necessary.		Percentage of Total Budget	Total Administrative Staff Fees
<b>Grant Administrator</b>	Hours _____ x Rate \$ _____ =	%	\$
<b>County Representative/Surveyor</b>	Hours _____ x Rate \$ _____ =	%	\$
<b>Additional Staff</b>	Hours _____ x Rate \$ _____ = Delegated Duties:	%	\$
<b>Subtotal Item E</b>		%	\$
<b>Item F - Administration (Supplies and Indirect Costs)</b>			
\$ _____		Percentage of Total Budget	Total Supplies Expenditures
\$ _____			
\$ _____ <b>Subtotal Item F</b>		%	\$
<b>TOTAL ADMINISTRATION EXPENDITURES</b> Not to exceed 15% of Total Annual Budget			
<b>Total of Items E + F</b>		%	\$
<b>TOTAL ANNUAL BUDGET</b>			
<b>Item A - Research/Monumentation</b>			\$
<b>Item B - Monumentation Supplies</b>			\$
<b>Item C - Peer Group</b>			\$
<b>Item D - State Plane Coordinates</b>			\$
<b>Item E - Administration (Staffing)</b>			\$
<b>Item F - Administration (Supplies and Indirect Costs)</b>			\$
<b>Total Items A, B, C, D, E, F and G (MUST EQUAL Item 5, Page 1)</b>			\$

**Request for Payment  
40% Advance  
2012 Survey & Remonumentation Grant**

**Office of Land Survey & Remonumentation  
LARA/Bureau of Construction Codes**

**DATE:** \_\_\_\_\_

**TO:** Chris Beland, P.S., Director  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

Pursuant to Section I.C.1 of the 2012 Survey and Remonumentation Grant Agreement, an advance of 40 percent of the State grant amount may be made.

Please authorize the advance of 40 percent of the 2012 grant to  
\_\_\_\_\_ County at your earliest convenience.

Sincerely,

\_\_\_\_\_  
County Grant Administrator (Must be Original Signature)

\_\_\_\_\_  
County