

Application for Perpetual Monument Maintenance Grant

Authority: 1990 PA 345

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301		Grant #BCC _____ MAIN Mail Code: PCA: 02935 AOBJ: 1218
		Application Received: _____ Reviewed by Analyst: _____ Reviewed by Director: _____ Approved by Director: _____
Applicant (Grantee County)	A.	Grantee Address For Payments
County:		
County Federal I.D. Number:		
B. County Grant Administrator	C.	County Representative
Name: Address: City, State, Zip: Telephone: Fax: E-mail:		Name: Address: City, State, Zip: Telephone: Fax: E-mail:
D. Capability To Perform The Work Program Specified (<u>Must</u> Check This Box):		
<input type="checkbox"/> We have the capability to perform the work program specified through a licensed professional surveyor on staff and/or through a contract with a licensed professional surveyor to perform the remonumentation survey.		
E.	Financial Summary of State Grant and County Funds (if any):	
	State Grant	County Cash Contribution
	Total Annual Project Budget	
F.	We certify the information in this grant application is correct to the best of our knowledge.	
_____	_____	
Original Ink Signature of County Grant Administrator	Original Ink Signature of County Representative	
_____	_____	
Date	Date	

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SUMMARY OF WORK PROGRAM FOR GRANT YEAR 2005 (Specify the individual corner codes proposed for the 2005 work program by Survey Township)										
Item G Maintenance Of Markers	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)									
Dollar amount must be the same as amount shown for Item G on Page 3 \$ _____	Number of MARKERS TO BE MAINTAINED: _____									
Item H Corners For Additional Research	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)									
Dollar amount must be the same as amount shown for Item H on Page 3 \$ _____	Number of Corners Requiring ADDITIONAL RESEARCH: _____									
Item I Corners To Be Remonumented	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)									
Dollar amount must be the same as amount shown for Item I on Page 3 \$ _____	Number of Corners to be REMONUMENTED: _____									
Item J Points To Have Coordinates Set (X, Y and Z)	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)									
Dollar amount must be the same as amount shown for Item J on page 3 \$ _____	Number of Points to have COORDINATES SET: _____									
Item K Existing Control Stations To Be Recovered	SPECIFY THE INDIVIDUAL CONTROL STATION(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)									
Dollar amount must be the same as amount shown for Item K on Page 3 \$ _____	Number of CONTROL STATIONS TO BE RECOVERED: _____									
Item G	+	Item H	+	Item I	+	Item J	+	Item K	=	Total Annual Project Budget

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2005 DETAIL BUDGET

SHOW EXPENDITURES BY WORK PROGRAM CATEGORY AND LINE ITEM. THE TOTALS FOR ITEMS G, H AND I AT THE BOTTOM OF THIS PAGE MUST BE THE SAME AS THE TOTALS FOR ITEMS G, H AND I ON PAGE 2 OF THIS APPLICATION.

Line Item Expenditures	WORK PROGRAM CATEGORIES					Line Item Total (add across)
	Item G	Item H	Item I	Item J	Item K	
	Maintenance of Markers	Additional Corner Research	Corners To Remonument	Points To Have Coordinates Set	Control Stations To Recover	
Peer Group (PG)						
Contractual Survey Services (CSS)						
Supplies and Materials* (S/M)						
Equipment* (E)						
Administration* (A)						
Total (Adding Down) For G, H, I, J & K on Page 3 Must Be The Same Dollar Amount Shown On Page 2	Item G (Add down)	Item H (Add Down)	Item I (Add Down)	Item J (Add Down)	Item K (Add Down)	Total Annual Project Budget
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

* PROVIDE A DETAILED ITEMIZED LISTING OF THE SPECIFIC ITEMS OF EXPENDITURE AND THE SPECIFIC DOLLAR AMOUNTS FOR EACH ITEM FOR SUPPLIES & MATERIAL, EQUIPMENT AND ADMINISTRATION ON PAGE 4 OF THIS APPLICATION - "BUDGET ADDENDUM."

AMOUNT and SOURCE(S) OF REVENUE (identify the County Cash source): Source(s) of Revenue: _____ _____	STATE GRANT: \$ Amount of County Cash: \$ _____ \$ _____
Total County Cash Contribution (if any): +	\$ _____
Total Annual Project Budget:	\$ _____

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BUDGET ADDENDUM FOR ITEMIZING SUPPLIES AND MATERIALS, EQUIPMENT AND ADMINISTRATION
 (Attach additional pages to the application if necessary)

TOTAL DOLLAR AMOUNTS ON THIS PAGE MUST BE THE SAME AS THE LINE ITEM TOTAL ON PAGE 3

Supplies and Materials: <div style="text-align: center;"><u>Item</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;"><u>Dollar Amount</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3</p> Total Supplies & Materials: \$ _____
Equipment: <div style="text-align: center;"><u>Item</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;"><u>Dollar Amount</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3</p> Total Equipment: \$ _____
Administration: <div style="text-align: center;"><u>Item</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;"><u>Dollar Amount</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3</p> Total Administration: \$ _____

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