

This form is issued under 1990 PA 345. You must file this form as required by Section 12(2) and 13 and Rule 54.205. This form or a comparable document must be filed to request reimbursement of expedited expenditures.

Application for Reimbursement of Eligible Expedited Expenditures for Survey and Remonumentation

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		Date Received <hr/> Date Reviewed <hr/> Date Approved
Applicant (County Name) County: _____ County's Federal I.D. Number: _____		Note: Reimbursement of approved eligible expedited expenditures will commence in the year following the year the survey and remonumentation program is complete.
A. County Grant Administrator Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ E-mail: _____	B. County Representative Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ E-mail: _____	
C. We hereby request reimbursement for expenditures made by _____ County to expedite its survey and remonumentation program. This expenditure is in addition to the 1991-1998 annual work program budgets or was previously reported as a county contribution.		
D. If these expenditures included county contribution(s) for which the county received Category III monies under the state grant formula, calculate Column 1, 2 and 3 below. If these expenditures do not include county contribution(s) for which the county received Category III monies, complete Column 3 only.		
Column 1	Column 2	Column 3
TOTAL EXPEDITED EXPENDITURES (1/1/1991 Through 12/31/1998)	TOTAL OF CATEGORY III MONIES (1/1/1991 Through 12/31/1998)	TOTAL EXPEDITED EXPENDITURES REQUESTED FOR REIMBURSEMENT
\$ _____	\$ _____	\$ _____
E. We certify the information contained in this application is correct to the best of our knowledge. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Original Ink Signature of County Grant Administrator _____ Date </div> <div style="width: 45%;"> _____ Original Ink Signature of County Representative _____ Date </div> </div>		

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**History of Additional Work Progress Completed Under Expedited Work
Activities Not Included in Any Work Program Completion Report**

Attach all of the following:

- A. A copy of the minutes of the Peer Group meeting at which the expedited corners were ratified.
- B. A copy of the recorded LCRC for each corner established from expedited funds (only those which were not previously provided).
- C. A download from your Corner Recordation Data Collection System for all corners recorded from expedited funds (only those which were not previously provided).
- D. A download from your Corner Recordation Data Collection System for all three-dimensional coordinates for NGRS stations and two-dimensional coordinates for all other stations or corners (only those which were not previously provided). Include all data required in your approved County Plan and sections 5(a), 6 and 7(2) of 1964 PA 9, certified by the professional surveyor responsible for establishing the coordinates.
- E. Enter each control station recovery (not previously provided) on a 3-1/2 inch diskette according to the NOAA/NCS "DDPROC" recovery report instructions and forward a download to this office.

Year	Additional Corners Researched	Additional Corners Monumented	Additional Coordinates Set	Additional Stations Recovered
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
Total Expedited Work Activity (add columns down)				

NOTE: This application will be reviewed for eligibility and you will be informed of the outcome. A completion report which reports the county survey and remonumentation program as 100 percent complete must be submitted no later than _____, 19 years after your county plan was approved by the Commission in order to be eligible for any reimbursement. Reimbursement will commence in the year following the year the survey and remonumentation program is complete. A perpetual monument maintenance program shall begin the year following the year of completion of monumentation or remonumentation. Reimbursement of eligible expenditures will be over a period of not less than 10 years.

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History of Additional Expenditures Incurred Under Expedited Work Program

Attach all of the following:

- A. A copy of the account activity from the County Treasurer covering all expenditures claimed as eligible for reimbursement.
- B. A copy of all invoices detailing the work activity, supplies or equipment paid for from funds claimed as eligible for reimbursement.

Line Item	Year	Research on Corners	Monumentation of Corners	State Plane Coordinates	Recovery of Control Stations	Total
Peer Group (PG)	1991					
	1992					
	1993					
	1994					
	1995					
	1996					
	1997					
	1998					
Total Expedited for Peer Group			\$			\$
Contractual Survey Services (CSS)	1991					
	1992					
	1993					
	1994					
	1995					
	1996					
	1997					
	1998					
Total Expedited for Contractual Survey Services		\$	\$	\$	\$	\$

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County:

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History of Additional Expenditures Incurred Under Expedited Work Program (continued)

Line Item	Year	Research on Corners	Monumentation of Corners	State Plane Coordinates	Recovery of Control Stations	Total
Supplies and Materials (S/M)	1991					
	1992					
	1993					
	1994					
	1995					
	1996					
	1997					
	1998					
Total Expedited for Supplies and Materials		\$	\$	\$	\$	\$
Equipment (E)	1991					
	1992					
	1993					
	1994					
	1995					
	1996					
	1997					
	1998					
Total Expedited for Equipment		\$	\$	\$	\$	\$

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History of Additional Expenditures Incurred Under Expedited Work Program (continued)						
Line Item	Year	Research on Corners	Monumentation of Corners	State Plane Coordinates	Recovery of Control Stations	Total
Administration (A)	1991					
	1992					
	1993					
	1994					
	1995					
	1996					
	1997					
	1998					
Total Expedited for Administration		\$	\$	\$	\$	\$

Summary of Expedited Expenditures:

Line Item	Research on Corners	Monumentation of Corners	State Plane Coordinates	Recovery of Control Stations	Total
Peer Group (PG)					
Contractual Survey Services (CSS)					
Supplies and Materials (S/M)					
Equipment (E)					
Administration (A)					
Total Expedited Expenditures Requested	\$	\$	\$	\$	Grand Total All Expedited Expenditures \$

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.