

2011 Survey and Remonumentation Work Progress/Completion Report
Complete and Submit This Report After July 1, 2011, but No Later Than February 29, 2012

Authority: 1990 PA 345

<p align="center">Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes Office of Land Survey and Remonumentation First Class Mail: P.O. Box 30254, Lansing, MI 48909 Overnight Shipping: 2501 Woodlake Circle, Okemos, MI 48864 Telephone: 517-241-6321 Facsimile: 517-241-6301 E-mail: bccolsr@michigan.gov</p>	<p>APPLICANT (County): _____</p> <hr/> <p>Federal I.D. #: _____</p> <hr/> <p>Grant #: BCC-11- _____</p> <hr/> <p>MAIN Mail Code: _____</p>
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For Calculation by the County Grant Administrator

(Counties with an approved expedited grant will attach Supplement A and disregard items 1, 2 and 3)

1. \$ _____ (Total Expenditures, up to Total Annual Budget) **minus** \$ _____ (County Contribution) **equals** \$ _____ (Earned Amount).
2. \$ _____ (Earned Amount) **minus 40% Start-up Payment** \$ _____ **minus** \$ _____ (Progress Payment, if any) **equals** \$ _____ (Final Payment).
3. \$ _____ (Unearned Portion of Grant) remains in the State Survey & Remonumentation Fund. If the total expenditures are less than the approved total annual project budget, the difference must be returned to the State. (See Grant Agreement, Section 2.5).

We certify to the best of our knowledge and belief that this report is correct and complete and all expenditures are for the purposes set forth in and in compliance with all grant/contract documents. We request a payment of the 2011 grant amount less the unearned portion, if any.

Progress Payment Requested: \$ _____

Final Payment Requested: \$ _____ (Earned portion of the State grant not previously requested)

 Original Ink Signature of County Grant Administrator

 Date

 Original Ink Signature of County Representative / Surveyor
 (Optional)

 Date

Payment Authorized: \$ _____

P.O. #: _____

Grant Balance: \$ _____

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

 Date

Work Program Expenditures by Line Item	Work Program Exenditures by Category			Total Actual Expenditures for 2011 Grant Year (add A, B and C across)	State Use Only
	Item A Research/Monumentation	Item B Coordinates to be Established for PLSS Corners	Item C NGS Control Station Recovery		
Administrative Overhead (AOH)					
Administrative Staff Fees/Wages (A)					
Contractual Survey Services (CSS)					
Monumentation Supplies and Materials (S/M)					
Peer Group (PG)					
Total Annual Expenditures add down (AOH)+ (A)+(CSS)+(S/M)+(PG)				Enter this amount on Page 1, Number 1)	
Approved Budget (Grant Application)					
Difference Between Actual Expenditures (Completion Report) -Minus- Approved Budget (Grant Application) (Explanation Required)					

Item A - Research/Monumentation (Contractual Survey Services)													
Column A		Column B		Column C		Column D		Column E		Column F		Column G	
Physical Corners Completed AS Approved in Grant		Common Corners Completed AS Approved in Grant		Physical Corners Completed NOT Approved in Grant		Common Corners Completed NOT Approved in Grant		Physical Corners NOT Completed as Approved in Grant		Common Corners NOT Completed as Approved in Grant		Total Corners Completed (A+B+C+D)	
WPR	CR	WPR	CR	WPR	CR	WPR	CR	WPR	CR	WPR	CR	WPR	CR
(WPR=Work Progress Report) (CR=Completion Report)													
Total Number of LCRC's Submitted _____ Total Number of Corner Records Entered and Submitted _____													
Narrative Report										Total # of Corners		Approximate Cost per Corner	
For any deviations from the approved grant, itemize and list ALL PLSS corners for each column, by surveyed township, i.e., town, range and corner code, and provide the rationale for the changes to the work program. Attach additional pages as necessary.													
Column A Corner List:													
Column B Corner List:													
Column C Corner List and Rationale:													
Column D Corner List and Rationale:													
Column E Corner List and Rationale:													
Column F Corner List and Rationale:													
Supplemental Breakdown of Corners Completed by Others (NOT Contracted by the County)										Total # of Corners		Approximate Cost Per Corner	
Private Corners:													
DNR Corners:													
USFS Corners:													
MDOT Corners:													
County Road Commission Corners:													
County Drain Commission Corners:													
Replaced Due to Construction:													

Item B - Coordinates To Be Established for PLSS Corners
(Contractual Survey Services)

Column A		Column B		Column C		Column D		Column E		Column F		Column G
Physical Coordinates Completed AS Approved in Grant		Common Coordinates Completed AS Approved in Grant		Physical Coordinates Completed NOT Approved in Grant		Common Coordinates Completed NOT Approved in Grant		Physical Coordinates NOT Completed as Approved in Grant		Common Coordinates NOT Completed as Approved in Grant		Total Coordinates Completed (A+B+C+D)
WPR	CR	WPR	CR	WPR	CR	WPR	CR	WPR	CR	WPR	CR	

(WPR=Work Progress Report) (CR=Completion Report)

Total Number of Coordinate Records Entered and Submitted _____ **Coordinates Report Submitted:** Yes No

Narrative Report	Total # of Coordinates	Approximate Cost per Coordinate
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For any deviations from the approved grant, itemize and list ALL PLSS corner coordinates for each column, by surveyed township, i.e., town, range and corner code, and provide the rationale for the changes to the work program. Attach additional pages as necessary.

Column A Coordinate List:		
Column B Coordinate List:		
Column C Coordinate List and Rationale:		
Column D Coordinate List and Rationale:		
Column E Coordinate List and Rationale:		
Column F Coordinate List and Rationale:		

Item C - NGS Control Station Recovery
(Contractual Survey Services)

Column A		Column B		Column C		Column D
Control Stations Recovered AS Approved in Grant		Control Stations Recovered NOT Approved in Grant		Control Stations NOT Completed as Approved in Grant		Total Stations Recovered (A+B)
WPR	CR	WPR	CR	WPR	CR	

(WPR=Work Progress Report) (CR=Completion Report)

Mark Recovery Forms Submitted: Yes No **Photos Provided of Non-Recoverable Stations:** Yes No

