2017 Grant Application Instructions

General Information

1. Under MCL 54.274(1)(a) the Grant Application must be filed with the Department by **December 31, 2016.**

2. U.S. mail sent to the post office box can take up to a week to reach our office, **and there is no U.S. postal service delivery to the street address.** You may wish to use an alternate service for delivery to the street address listed.

3. Complete the Grant Application in its entirety; no cell should be left blank. If the category does not apply to your county, please enter either a "0" or "NA."

4. All financial activity for the grant must be conducted through the restricted line item for the Remonumentation grant in order to be reimbursed.

5. Back-up documentation must include an itemized transaction history with backup documentation for all showing all salary/wage/fringe benefits claimed, invoice copies, journal entries, etc., and must be provided with the Progress and Completion Reports.

6. The transaction history must include, at a minimum, the vendor's name and identification to correspond to the invoice being paid.

7. Any expense not approved in the Grant Application or in compliance with the grant agreement will **not** be reimbursed.

8. Geodetic coordinates are required to be filed for every corner at the time it is monumented, remonumented or maintained.

Contacts

1. Enter the county name in the upper right cell.

2. Enter the applicable name, address, telephone and fax numbers, and e-mail addresses for the County Grant Administrator and County Representative.

3. Enter the County's Address for Payments registered with the State.

2017 Grant Requested

1. Enter the recommended 2017 State Grant Award for your county as provided herein.

2. Enter the amount of the grant the county wishes to use as Reimbursement for Expedited Expenditures, if any. **NOTE:** This applies to Oakland County only.

3. The Total Annual Budget will automatically calculate.

Signature
The County Grant Administrator appointed by the County Board of Commissioners must sign and date the grant application and submit the original signature to OLSR**;** the grant agreement **cannot be issued** without an original signature on the Grant Application. This certification includes the request for the 40 percent start-up payment that OLSR will initiate upon receipt of a signed grant agreement from the county.

Surveying Services and Supplies (Page 2)
Items A, B, C and D

Items A and B

1. Counties operating under MCL 54.268(2)a, i.e., **monumentation or remonumentation plan** will complete the table under **Item A – Remonumentation Services**.

2. Counties operating under MCL 54.268(2)d, i.e., perpetual monument maintenance **plan** will complete the table under **Item B – Monument Maintenance Services**.
   NOTE: Only Kent, Muskegon and Ottawa Counties fall under this section.

3. All recording fees are reported under Items A and B, as they are considered part of the corner cost.

Columns A – D:

1. Attach a corner list of work proposed under Items A or B, itemizing each column by Town, Range and Corner Code. Do not list corners solely by municipality. List ALL corner codes for a corner/monumentation location, e.g., common corners need to have each corner code identified for that location.

   a. Column A: Corners not yet perpetuated through the county Remonumentation Program to be contracted for under this grant.

   b. Column B: Corners not contracted for by the county but anticipated to be completed by agencies, i.e., USFS, MDNR, MDOT, private surveyors, etc. Theis corner should identify who will complete the work.

c. Column C: Corners already perpetuated through the County Remonumentation Program that need to be rehabilitated. This corner list should identify why the corners need to be revisited.

d. Column D: May only be included if they have been approved by the department, acting in consultation with the Survey and Remonumentation Commission.

Note: The numbers enter under Columns A through D are for a single, physical corner to be perpetuated. For a corner, that has two or more corner codes, identify each corner code on the corner list.

2. The **Total Number of Corner Records Proposed** is equivalent to the number of database records and physical Land Corner Recordation Certificate copies to be submitted. It includes all of the corners noted in Columns A, B, C, and D **plus** any common corner codes identified on the corner list.

Item C – Remonumentation Supplies and Materials

1. Provide a detailed, itemized listing of the specific expenditures for the items proposed to be purchased as Remonumentation Supplies and Materials.

2. "Remonumentation Supplies and Materials," includes markers, monuments, caps, and corner accessories, only, and does **not** include geodetic control maintenance or operation, the purchase of computers or related items, printers, recording fees, vehicle maintenance or supplies, safety equipment or general office supplies, batteries, etc. If you are not sure, whether an item qualifies as a program expense or how to report the item, please contact 517-241-6325 for assistance.

Item D – Geodetic Control Maintenance and Operations

Provide an estimate of the anticipated costs for the maintenance and operation of the station(s) and an explanation on how the costs were determined. Identify each station by its National Geodetic Survey PID.

Page 2 –Subtotal – Item A or B + C + D

1. The **Percent of Budget** and **Subtotal** will auto-fill by dividing the subtotal for the Field Survey Services and Supplies by the Total Annual Budget on page 1 and adding the numbers entered in the Total Item cells for A B, C, and D. Please verify that these numbers are correct and make any revisions necessary.

2. The Percent of Budget **must be a minimum of 80 percent** of the Total Annual Budget.

Administrative Services and Supplies (Page 3)
Items E, F, G and H, and I

1. **Item E – Grant Administrator Fees/Wages:** All costs associated with the Grant Administrator, e.g., travel, fringe benefits, meeting attendance, etc.

2. **Item F – County Representative Fees/Wages:** All costs associated with the County Representative, e.g., travel, fringe benefits, Peer Review Group meetings, etc.

3. **Item G – Additional Administrative Staff Fees/Wages:** All other staffing costs, identified by identified by name and supported with a description of duties.

4. **Item H – Peer Review Group Fees/Wages**

    a. Grant Administrator, County Representative, or Additional Administrative Staff costs cannot be reported under Item H.

    b. The sole function of a Peer Review Group is to review corners presented before the county accepts them for filing. Costs incurred to Review group research, workloads, proposed laws, administrative rules, county plans, etc., cannot be reported under Item H.

Item I – Administration Supplies and Indirect Costs

1. Include estimates for purchases of county supplies and overhead or indirect costs to be incurred as a direct result of the Remonumentation Program. If these costs would be incurred even without the Remonumentation Program operating, then they are not a direct result of the Program.

2. The county may wish to indicate a predetermined indirect cost amount to cover the cost of miscellaneous office supplies and overhead fees rather than tracking multiple receipts, invoices and statements.

Subtotal Administrative Services and Supplies Expenditures – Items E through I

1. The **Percent of Budget** and **Subtotal** will auto-fill by dividing the subtotal of Items E through I by the Total Annual Budget on page 1 and adding the numbers entered in the Total Item cells for E, F, G, H and I. Please verify that these numbers are correct and make any revisions necessary.

    2. The **Percent of Budget must be less than or equal to 20 percent** of the Total Annual Budget.

Annual Budget

Each item will auto-fill based on the numbers entered in Items A through I. Please verify that these numbers are correct and make any revisions necessary.

Submitting the Application and Thereafter

1. All grant applications must be in the Office of Land Survey and Remonumentation no later than 5:00 p.m. on December 29, 2016. All State offices are closed on December 30 and 31.

2. When the grant application is approved by OLSR, an annual grant agreement is prepared and sent to the Department's procurement team to process and be signed by the Department Director. After it is signed, the annual grant agreement is returned to the Office of Land Survey to forward to the county to process and sign.

3. The 40 percent start-up payment is processed to the county upon the Office of Land Survey's receipt of the executed contract from the county.

4. The signed Grant Agreement must be returned to OLSR **no later than August 31, 2017** in order to meet the State's purchasing guidelines.

If you have any questions, please contact our office at (517) 241-6321 or e-mail bccolsr@michigan.gov.

Office of Land Survey
Department of Licensing and Regulatory Affairs
U.S. Mail: 611 West Ottawa, 1st Floor
P.O. Box 30254, Lansing, MI 48909

2017 Recommended Survey & Remonumentation Grants Award

COUNTY	2017 GRANT	COUNTY	2017 GRANT	COUNTY	2017 GRANT
ALCONA	$40,513.00	GRATIOT	$39,222.00	MISSAUKEE	$35,657.00
ALGER	$51,684.00	HILLSDALE	$42,208.00	MONROE	$61,957.00
ALLEGAN	$88,594.00	HOUGHTON	$61,436.00	MONTCALM	$51,994.00
ALPENA	$37,450.00	HURON	$56,094.00	MONTMORENCY	$33,705.00
ANTRIM	$35,941.00	INGHAM	$74,834.00	MUSKEGON	$46,102.00
ARENAC	$26,859.00	IONIA	$44,128.00	NEWAYGO	$58,588.00
BARAGA	$49,936.00	IOSCO	$37,731.00	OAKLAND	$361,530.00
BARRY	$46,027.00	IRON	$65,949.00	OCEANA	$36,837.00
BAY	$46,409.00	ISABELLA	$43,576.00	OGEMAW	$37,700.00
BENZIE	$25,946.00	JACKSON	$71,778.00	ONTONAGON	$71,867.00
BERRIEN	$68,824.00	KALAMAZOO	$87,296.00	OSCEOLA	$37,178.00
BRANCH	$36,695.00	KALKASKA	$33,426.00	OSCODA	$33,482.00
CALHOUN	$66,586.00	KENT	$115,595.00	OTSEGO	$37,075.00
CASS	$30,898.00	KEWEENAW	$29,665.00	OTTAWA	$65,777.00
CHARLEVOIX	$34,094.00	LAKE	$35,911.00	PRESQUE ISLE	$40,328.00
CHEBOYGAN	$46,131.00	LAPEER	$55,289.00	ROSCOMMON	$38,543.00
CHIPPEWA	$90,977.00	LEELANAU	$28,546.00	SAGINAW	$81,269.00
CLARE	$40,779.00	LENAWEE	$64,667.00	ST. CLAIR	$74,752.00
CLINTON	$48,928.00	LIVINGSTON	$84,425.00	ST. JOSEPH	$40,876.00
CRAWFORD	$34,818.00	LUCE	$49,591.00	SANILAC	$62,880.00
DELTA	$71,483.00	MACKINAC	$58,735.00	SCHOOLCRAFT	$65,268.00
DICKINSON	$47,149.00	MACOMB	$223,926.00	SHIAWASSEE	$43,619.00
EATON	$54,946.00	MANISTEE	$39,418.00	TUSCOLA	$56,528.00
EMMET	$36,978.00	MARQUETTE	$111,996.00	VAN BUREN	$52,415.00
GENESEE	$94,137.00	MASON	$34,910.00	WASHTENAW	$112,101.00
GLADWIN	$36,622.00	MECOSTA	$40,809.00	WAYNE	$800,343.00
GOGEBIC	$62,417.00	MENOMINEE	$62,119.00	WEXFORD	$39,213.00
GR. TRAVERSE	$54,898.00	MIDLAND	$47,417.00	**TOTAL**	$5,625,000.00

2017 SURVEY AND REMONUMENTATION GRANT APPLICATION

Attachment A To Annual Grant Agreement

Authority: MCL 54.273

This application must be filed on or before December 31 of the calendar year immediately preceding the year in which the grant is made.

Office of Land Survey Bureau of Construction Codes Department of Licensing and Regulatory Affairs **Overnight Courier Service**: 1st Flr., 611 W. Ottawa St., Lansing, MI 48933 **U.S. Mail**: PO Box 30254, Lansing, MI 48909 Telephone: (517) 241-6321 Facsimile: (517) 241-6301 Email: bccolsr@michigan.gov www.michigan.gov/sbc	**APPLICANT** (County): **FEDERAL I.D. #:** **Grant #: BCC-17-** _____ **MAIN Mail Code:** _____ **P.O. #:** _____

Grant Administrator	County Representative	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:	

2017 GRANT REQUESTED

2016 State Grant	Reimbursement for Expedited Expenditures under MCL 600.2567a(4) (≤ 50% of State Grant)	2016 Total Annual Budget (State Grant - Reimbursement = Total Budget)
$_____	$_____	$ 0.00

I certify the information in this grant application is correct and request a 40% Start-Up Payment upon approval of an Annual Grant Agreement.

_____ _____

Signature of County Grant Administrator (Original Signature Required) Date

_____ _____

Michael C. Barger, P.S., Director (Original Signature Required) Date
Office of Land Survey and Remonumentation

2017 SURVEY AND REMONUMENTATION GRANT APPLICATION
Attachment A to Annual Grant Agreement

County of:_____

Surveying Services and Supplies
Total Surveying Services and Supplies (Items A or B, C and D)
Must be a Minimum of 80% of the Total Annual Budget

Item A - Remonumentation Services
Includes all requirements under **MCL 54.268(2)a**, i.e., **monumentation or remonumentation plan** includes the filing of a land corner recordation certificate and geodetic coordinates.

Column A	Column B	Column C	Column D	Total Item A
Number or Original and Protractred PLSS Corners Completed by Applicant	**Number of Original and Protracted PLSS Corners Completed by Others**	**Number or Original and Protracted PLSS Corners Revisited**	**No. of Property Controlling Corners under MCL 54.262(h)(ii)**	
				$

Please attach a report for the work proposed. The report must include a corner list for the work proposed under Item A itemizing each column by Town, Range and Corner Code; do NOT list corners by municipality. For all corners, identify when a corner/monument location has more than one corner code associated with it, **i.e., common corner codes,** and identify all corner codes filed for that corner/monument location. For **Column B**, identify who is proposing to complete the work, and for **Column C**, identify why the corners are to be proposed revisited. Attach additional pages as necessary.
Total No. of Corner Records proposed (A+B+C+D+common corner codes identified on the attached corner list):_____0_____

Item B - Monument Maintenance Services
Includes all requirements under **MCL 54.268(2)d**, i.e., **perpetual monument maintenance plan**, including the filing of a land corner recordation certificate and geodetic coordinates.

Column A	Column B	Column C	Column D	Total Item B
Number or Original and Protractred PLSS Corners Completed by Applicant	**Number of Original and Protracted PLSS Corners Completed by Others**	**Number or Original and Protracted PLSS Corners Revisited**	**No. of Property Controlling Corners under MCL 54.262(h)(ii)**	
				$

Please attach a report for the work proposed. The report must include a corner list for the work proposed under Item B itemizing each column by Town, Range and Corner Code; do NOT list corners by municipality. For all corners, identify when a corner/monument location has more than one corner code associated with it, **i.e., common corner codes,** and identify all corner codes filed for that corner/monument location. For **Column B**, identify who is proposing to complete the work, and for **Column C**, identify why the corners are to be proposed revisited. Attach additional pages as necessary.
Total No. of Corner Records proposed (A+B+C+D+common corner codes identified on the attached corner list):_____

Item C - Remonumentation Supplies and Materials
Identify items and estimated expenses for each item. Attach additional pages as necessary.

		Total Item C
No. of Markers: _____ x $ _____each = $	0	
No. of Caps: _____ x $ _____each = $	0	
Other: _____ x $ _____each = $	0	**$**

Item D - Geodetic Control Maintenance and Operations
Identify items and estimated expenses for each station. Attach additional pages as necessary.

		Total Item D
Station PID: _____ $ _____	Station PID: _____ $ _____	
Station PID: _____ $ _____	Station PID: _____ $ _____	
Station PID: _____ $ _____	Station PID: _____ $ _____	**$**

	Percent of Budget	Subtotal
Subtotal Items A or B+C+D	%	$ 0.00

2017 SURVEY AND REMONUMENTATION GRANT APPLICATION

County of:_____

Administrative Services and Supplies

Total Administrative Services and Supplies (Items E, F, G, H, and I)
Can be no greater than 20% of the Total Annual Budget

Item E - Grant Administrator Fees/Wages
Attach additional pages as necessary.

Hours _____ x Rate $_____ = $ 0.00 or Fixed $_____	**Total Item E**
Comments:	**$**

Item F - County Representative Fees/Wages
Attach additional pages as necessary.

Hours _____ x Rate $_____ = $ 0.00 or Fixed $_____	**Total Item F**
Comments:	**$**

Item G - Additional Administrative Staff Fees/Wages
Attach additional pages as necessary.

Hours _____ x Rate $_____ = $ 0.00 or Fixed $_____	**Total Item G**
Identify staff by name and identify the delegated duties and responsibilities.	**$**

Item H - Peer Review Group Fees/Wages
Attach additional pages as necessary.

Number of Members _____ x Fee $_____ x Number of Meetings _____ = $ 0.00 or Fixed $ _____	**Total Item H**
Comments:	**$**

Item I - Administrative Supplies and Indirect Costs
Identify items and estimated expenses for each item, or identify a flat overhead rate. Attach additional pages as necessary.

_____ $ _____	**Total Item I**
_____ $ _____	
_____ $ _____	**$**

	Percent of Budget	Subtotal
Subtotal Items E+F+G+H+I	%	$ 0.00

Annual Budget

Item A - Remonumentation Services	$ _____
Item B - Monument Maintenance Services	$ _____
Item C - Remonumentation Supplies and Materials	$ _____
Item D - Geodetic Control Maintenance and Operations	$ _____
Item E - Grant Adminstrator Fees/Wages	$ _____
Item F - County Representative Fees/Wages	$ _____
Item G - Additional Administrative Staff Fees/Wages	$ _____
Item H - Peer Review Group Fees/Wages	$ _____
Item I - Administrative Supplies and Indirect Costs	$ _____
Total MUST EQUAL "Total Annual Budget" on Page 1	$ 0.00