

2014 SURVEY AND REMONUMENTATION GRANT APPLICATION

Attachment A To Annual Grant Agreement

Complete and Submit This Application No Later Than December 31, 2013

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-14- _____ MAIN Mail Code: _____ P.O. #: _____
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County Grant Administrator	County Representative	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:	

2014 GRANT REQUESTED

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

2014 State Grant	Local Contributions	Expedited Amount	Reimbursement for Expedited Expenditures (≤ 50% of Item 1)	2014 Total Annual Budget
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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 (Originals Only)

Date

Signature of County Representative (Optional)

Date

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

Date

2014 SURVEY AND REMONUMENTATION GRANT APPLICATION

County of: _____

CONTRACTUAL SURVEY SERVICES

Total Contractual Survey Services must be a minimum of 85% of the Total Annual Budget (Items A, B, C and D)

Item A - Remonumentation Services

Itemize corners for each column by Town, Range and Corner Code (Attach additional sheets as necessary)

Column A	Column B	Column C	Column D	Column E	Column F	Subtotal Item A
Standard (Physical) Corners	Common Corners	Standard (Physical) Corners Revisited	Common Corners Revisited	Standard (Physical) Corners Completed by Others	Common Corners Completed by Others	
						\$

Please attach a report for the work proposed. The report must include a corner list for each column above, itemizing all corners submitted by surveyed township, i.e., town, range and corner code.

Total Number of Corners Proposed (A+B+C+D+E+F) _____

Item B - Remonumentation Supplies and Materials

Identify items and estimated expenses for each item (Attach additional pages as necessary)

No. of Markers: _____ x \$ _____ each = \$ _____	Subtotal Item B
No. of Caps: _____ x \$ _____ each = \$ _____	
Other: _____ x \$ _____ each = \$ _____	\$

Item C - Peer Review Group

Estimate total expenses for Peer Review Group meetings (Attach additional pages as necessary)

	Subtotal Item C
No. of Members: _____ x Fee per Member \$ _____ x No. of Mtgs _____ =	\$

Item D - State Plane Coordinates

Coordinate positioning is not statutorily required and does not need to be completed prior to entering a maintenance program.

Itemize corners for each column by Town, Range and Corner Code. (Attach additional pages as necessary)

Column A	Column B	Column C	Column D	Column E	Column F	Subtotal Item D
Standard (Physical) Corners	Common Corners	Standard (Physical) Corners Revisited	Common Corners Revisited	Standard (Physical) Corners Completed by Others	Common Corners Completed by Others	
						\$

Please attach a report for the work proposed. The report must include a corner list for each column above, itemizing all corners submitted by surveyed township, i.e., town, range and corner code.

Total Number of Coordinates Proposed (A+B+C+D+E+F) _____

TOTAL CONTRACTUAL SURVEY SERVICES EXPENDITURES	Percent of Budget	Total Contractual Survey Services Costs
A minimum of 85% of the Total Annual Budget		
Total Items A + B + C + D	%	\$

2014 SURVEY AND REMONUMENTATION GRANT APPLICATION

County of: _____

ADMINISTRATION		
Up to 15% of the Total Annual Budget		
Item E - Administration Staff Fees/Wages		
Attach additional pages as necessary		
Grant Administrator	Hours _____ x Rate \$ _____ =	\$ _____
County Representative/Surveyor	Hours _____ x Rate \$ _____ =	\$ _____
Additional Staff Identify staff by name and explain delegated duties and responsibilities	Hours _____ x Rate \$ _____ =	\$ _____
		Subtotal Item E
		\$ _____
Item F - Administrative Supplies and Indirect Costs		
Identify items and estimated expenses for each item (or identify a flat overhead rate). (Attach additional pages as necessary)		
_____	\$ _____	Subtotal Item F
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
TOTAL ADMINISTRATIVE EXPENDITURES Not to exceed 15% of Total Annual Budget		Total Administrative Costs
Total of Items E + F		% \$ _____
TOTAL ANNUAL BUDGET		
Item A - Remonumentation Services		\$ _____
Item B - Remonumentation Supplies and Materials		\$ _____
Item C - Peer Review Group		\$ _____
Item D - State Plane Coordinates		\$ _____
Item E - Administrative Staff Fees/Wages		\$ _____
Item F - Administrative Supplies and Indirect Costs		\$ _____
Total MUST Equal "Total Annual Budget" (Page 1)		\$ _____