

**Office of Land Survey**  
**Department of Licensing and Regulatory Affairs**  
P.O. Box 30254, Lansing, MI 48909

**PROGRESS REPORT/COMPLETION REPORT INSTRUCTIONS**

**General Information**

**Documentation Required:**

1. A **PROGRESS REPORT** must be accompanied by:
  - a. Invoices for all expenditures or county financial back-up documentation that identifies the purpose of the expenditure, itemized amounts for salary/wage and fringe benefits, and naming any employee(s) paid.
    - i) Subcontractor invoices must be itemized to identify each corner by town/range and corner code.
    - ii) If there are payables at the time the Completion Report is submitted, a narrative must be included itemizing the costs and explaining the circumstances.
  - b. A 245 account printout, e.g., general ledger, of the county's restricted Remonumentation grant account/line item. This report must reflect all grant activity, including revenue deposits, expenses/payments, journal transfers, overhead/indirect costs and identify payees by name and invoice.
  - c. No LCRC's or LCRC Spreadsheet are submitted at this time.
2. The **COMPLETION REPORT** must be accompanied by the items in 1.a. and b., above, as well as:
  - a. Full-size copies of all LCRCs
  - b. LCRC Spreadsheet

**Due Dates:**

1. Progress Reports may be submitted anytime from July 1 through September 30,
2. Completion Reports may be submitted any time after July 1 and must be submitted by the last day of February following the close of the grant year.

**Narrative Report:**

Compare the line items on the approved grant application with the line items on the progress or completion report and provide a narrative report explaining any deviations

noted. The grantee must also provide a copy of the notification of change sent to the Department as required by MCL 54.275(1), Section 1.2 and Section 2.1 of the grant agreement.

**Payments:**

1. Progress payments are limited to 45 percent of the State Grant awarded.
2. Supporting documentation for each transaction must be submitted with the 245 general ledger report.

**Peer Review Group:**

All grant administrator and county representative costs must be included in Items E. and F. **NO REIMBURSEMENTS** for attending peer review group meetings will be made for these roles unless they are accounted for in these line items.

**Signatures:**

Both the Progress and Completion Reports require an **ORIGINAL SIGNATURE** of the County Grant Administrator.

**Completion of Form**

The form is designed **TO BE COMPLETED ELECTRONICALLY** and make all necessary calculations.

**Page 1:**

1. Enter the **County** in the upper right corner.
2. Enter the **State Grant Award** and the **Reimbursement for Expedited Expenditures** blank, if applicable.

**NOTE:** The remaining lines in this column will calculate and autofill after completion of the page 2 financial information

3. After the page 2 financial information is entered, review and verify the calculations on page 1.
4. Complete the **Payment Requested** blank.

5. Sign, date, and submit the form with supporting documentation to the Department.

### **Page 2 – Itemized Expenditures:**

1. For a **PROGRESS REPORT**, enter the data required in:
  - a. the **Progress Report Expenditures** column
  - b. The **Approved Budget** column

The **Total Actual Expenditures** column and the **Difference Between Approved Budget and Actual Expenditures** column will calculate and autofill.

**NOTE:** The **Completion Report Expenditures** column may be left blank or zero's entered

2. For a **COMPLETION REPORT**, enter the data required in:
  - a. The **Progress Report Expenditures** column, if a Progress Report was previously filed
  - b. The **Completion Report Expenditures** column
  - c. The **Approved Budget** column

The **Total Actual Expenditures** column and the **Difference Between Approved Budget and Actual Expenditures** column will calculate and autofill.

**NOTE:** The **Progress Report Expenditures** column may be left blank or zero's entered

3. The page 2 totals will calculate and autofill the appropriate blanks on page 1.
4. Compare the line items on the approved grant application with the line items on the progress or completion report and provide a narrative report explaining any deviations noted. The grantee must also provide a copy of the notification of change sent to the Department as required by MCL 54.275(1), Section 1.2 and Section 2.1 of the grant agreement.

### **Page 3 – Work Program/Corner Data:**

1. Page 3 is only submitted with the **COMPLETION REPORT**.
2. Compare the line items on the approved grant application with the line items on the completion report and provide a narrative report explaining any deviations noted. The grantee must also provide a copy of the notification of change sent to the Department as required by MCL 54.275(1), Section 1.2 and Section 2.1 of the grant agreement.

If you have any questions, please contact our office at (517) 241-6321 or email [bccolsr@michigan.gov](mailto:bccolsr@michigan.gov).

Submit all materials to the Department via:

**U.S. Postal Service**

Department of Licensing and Regulatory Affairs  
c/o Office of Land Survey and Remonumentation  
P.O. Box 30254  
Lansing, MI 48909

**UPS, FedEx, etc.**

Department of Licensing and Regulatory Affairs  
c/o Office of Land Survey and Remonumentation  
611 West Ottawa  
Ottawa Building, 1<sup>st</sup> Floor  
Lansing, MI 48933

<b>Survey and Remonumentation Progress/Completion Report Checklist</b>	
<b>Enclosed/Completed</b>	✓
Original signatures	
Salary/wage/fringe printout (county employees)	
245 general ledger report detailing the transaction history of the county's Remonumentation grant restricted account	
Invoice/supporting documentation for each expenditure	
Written narrative to explain any deviation from approved grant agreement, including: <ul style="list-style-type: none"> <li>• Itemize ALL corners removed/not completed from the approved grant agreement and explain the reason for not completing.</li> <li>• Itemize ALL corners added/completed NOT in the approved grant agreement and explain the reason for adding corners.</li> <li>• Itemize and justify all differences between the approved budget amount and the expenditures presented.</li> </ul>	
<b>Completion Report</b>	
<b><i>All above items, plus the following.</i></b>	
Land Corner Recordation Certificates (LCRC): <ul style="list-style-type: none"> <li>• Full-size copy for EACH corner record filed, e.g., A01, M13, M01, A13, etc.</li> <li>• Sorted by survey township</li> <li>• Total copies submitted should equal total number of database records submitted</li> <li>• Double-sided copies ARE acceptable</li> </ul>	
LCRC Spreadsheet - Corner record and geodetic coordinate data entered and submitted to State for each LCRC	

**SURVEY AND REMONUMENTATION PROGRESS/COMPLETION REPORT**

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 Office of Land Survey and Remonumentation  
 First Class Mail: PO Box 30254, Lansing, MI 48909  
 Overnight Courier: 611 W Ottawa, 1st Floor, Lansing MI 48933  
 Phone 517-241-6321 / Fax 517-241-6301  
 E-Mail: [bccolr@michigan.gov](mailto:bccolr@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

GRANTEE:  
 GRANT YEAR:  
 Grant #: BCC  
 MAIN Mail Code:

- \$ \_\_\_\_\_ State Grant Amount
- \$ \_\_\_\_\_ Reimbursement for Expedited Expenditures (MCL 600.2567a(4))
- \$ \_\_\_\_\_ Total Annual Budget
- \$ \_\_\_\_\_ Start-Up Payment (40% of State Grant)
- \$ \_\_\_\_\_ 85% of State Grant
- \$ \_\_\_\_\_ Maximum Progress Payment Allowable (Equal to 45% of State Grant)
- \$ \_\_\_\_\_ Minimum Grant Balance (Must remain in the Fund if Progress Payment requested)
- \$ \_\_\_\_\_ Total Progress Report Expenditures
- \$ \_\_\_\_\_ Progress Payment (Submit prior to September 30)
- \$ \_\_\_\_\_ State Grant Balance (Remaining in the Fund if Progress Payment requested)
- \$ \_\_\_\_\_ Total Completion Report Expenditures
- \$ \_\_\_\_\_ Total Grant Expenditures
- \$ \_\_\_\_\_ Earned Amount
- \$ \_\_\_\_\_ Final Payment
- \$ \_\_\_\_\_ Final Grant Balance (Remaining in the Fund)

I certify to the best of my knowledge and belief that this report is correct and complete, and all expenditures are for the purposes set forth in and comply with the annual grant. We request the following payment at this time:

Payment Requested: \$ \_\_\_\_\_

\_\_\_\_\_  
 County Grant Administrator (Original Signature Required)

\_\_\_\_\_  
 Date

County Must Provide: Account 245 printout (detailed transaction history of all grant activity), S&W/Fringe Benefits/Overhead, detailed breakdown of all internal county costs, itemized invoices, peer group meeting minutes, and narrative for all differences in approved work program or budget (see Eligible Expenses Documentation, January 1, 2012 on the OLSR website).

Payment Authorized:	\$ _____	P.O.#: _____
Grant Balance:	\$ _____	
_____ Michael C. Barger, P.S. Manager Office of Land Survey and Remonumentation		_____ Date

Work Program Expenditures by Line Item	Progress Report Expenditures	Completion Report Expenditures	Total Actual Expenditures	Approved Budget (Grant Application)	Difference Between Actual Expenditures and Approved Budget
Item A Remonumentation Services					
Item B Monument Maintenance Services					
Item C Remonumentation Supplies and Materials					
Item D Geodetic Contol Maintenance and Operations					
Item E Grant Administrator Fees/Wages					
Item F County Representative Fees/Wages					
Item G Additional Administrative Staff Fees/Wages					
Item H Peer Group					
Item I Administrative Supplies and Indirect Costs					
Totals					Balance of Expenditures

**Item A - Remonumentation Services Completed**

Includes all requirements under MCL 54.268(2)a, i.e., monumentation or remonumentation plan, includes the filing of a land corner recordation certificate with latitude and longitude and associated database records.

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

Please attach a report for the work completed. The report must include a corner list for the work completed 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 completed the work, and for **Column C**, identify why the corners were revisited. Attach additional pages as necessary.

**Total No. of Corner Records submitted** (A+B+C+D+common corner codes identified on the attached corner list): \_\_\_\_\_

Note: One land corner recordation certificate and One database record must be submitted for each corner code submitted.

**Item A - Remonumentation Services Inventory**

	No. of Corner Codes Remonumented	TOTAL No. of Corner Codes Remonumented	TOTAL No. of Corner Codes in County Plan	REMAINING No. of Corner Codes in County Plan to be Remonumented
Original and Protracted PLSS Corner Codes				
Property Controlling Corner Codes under MCL 54.262(h)(ii)				
TOTAL No. of Corner Codes				

**Item B - Monument Maintenance Services Completed**

Includes all requirements under MCL 54.268(2)d, i.e., perpetual monument maintenance plan, includes the filing of a land corner recordation certificate with latitude and longitude and associated database records.

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

Please attach a report for the work completed. The report must include a corner list for the work completed 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 completed the work, and for **Column C**, identify why the corners were revisited. Attach additional pages as necessary.

**Total No. of Corner Records submitted** (A+B+C+D+common corner codes identified on the attached corner list): \_\_\_\_\_

Note: One land corner recordation certificate and One database record must be submitted for each corner code submitted.

**Item B - Monument Maintenance Services Inventory**

	No. of Corner Codes Maintained	TOTAL No. of Corner Codes Maintained	TOTAL No. of Corner Codes in County Plan	REMAINING No. of Corner Codes in County Plan to be Maintained
Original and Protracted PLSS Corner Codes				
Property Controlling Corner Codes under MCL 54.262(h)(ii)				
TOTAL No. of Corner Codes				