

2013 Survey and Remonumentation Completion Report
Complete and Submit this Report After July 1, 2013, but No Later Than February 28, 2014
Authority: 1990 PA 345 and R54.202

<p align="center">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 Service: 2501 Woodlake Circle, Okemos, MI 48864 Telephone: (517) 241-6321 Facsimile: (517) 241-6301 E-mail: bccolsr@michigan.gov</p>	<p>GRANTEE: _____</p> <hr/> <p>Federal I.D. #: _____</p> <hr/> <p>Grant #: BCC-13- _____</p> <hr/> <p>MAIN Mail Code: _____</p>
---	---

For Calculation by the County Grant Administrator

1. \$ _____ (Total Expenditures, up to Total Annual Budget) **minus** \$ _____ (Local Contributions) **equals** \$ _____ (Earned Amount).
2. \$ _____ (Earned Amount) **minus** \$ _____ (40% Start-up Payment) **minus** \$ _____ (Progress Payment) **equals** \$ _____ (Final Payment Requested).
3. \$ _____ (State Grant) **minus** \$ _____ (Earned Amount) **equals** \$ _____ (Grant Balance in the State Survey and Remonumentation Fund).

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.

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 annual grant documents. We request the following payment at this time.

Final Payment Requested: \$ _____

 Original Ink Signature of County Grant Administrator

 Date

 Original Ink Signature of County Representative / Surveyor (Optional)

 Date

Final Payment Authorized: \$ _____

P.O. #: _____

Grant Balance: \$ _____

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

 Date

LARA is an equal opportunity employer/program. Auxillary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

2013 Survey and Remonumentation Completion Report

Grantee: _____

Work Program Expenditures by Line Item	2013 Total Actual Expenditures	2013 Approved Budget (Grant Application)	Difference Between Actual Expenditures and Approved Budget
Item A Remonumentation Services			
Item B Remonumentation Supplies and Materials			
Item C Peer Group			
Item D State Plane Coordinates			
Item E Administrative Staff Fees/Wages			
Item F Administrative Supplies and Indirect Costs			
TOTALS			Balance of Expenditures (-) Underspent Approved Budget (+) Overspent Approved Budget

2013 Survey and Remonumentation Completion Report

Grantee: _____

Remonumentation (Contractual Survey Services)						
---	--	--	--	--	--	--

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

Please attach a report for the work completed. 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. The report shall also identify and explain any differences between the work completed and the work program approved in the Grant Application.

Each number reported for **Total Number of LCRC's Submitted** and **Total Number of Database Records Submitted** must equal **Column G (Total Corners Completed)** calculated above. One LCRC should be submitted for each corner/database record submitted.

Total Number of LCRC's Submitted _____ **Total Number of Database Records Entered and Submitted** _____

Corner Count/Inventory					
-------------------------------	--	--	--	--	--

	Corners Remonumented IN 2013	Corners Remonumented THRU 2012	Total Corners Remonumented THRU 2013	Total Corners in County to be Remonumented	Remaining Corners in County to be Remonumented
Standard (Physical) Corners					
Common Corners					
Total Corners Filed					

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

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

The attached report for coordinate work completed shall identify and explain any differences between the work completed and the work program approved in the Grant Application.

The number reported for **Total Number of Coordinate Records Entered and Submitted** must equal **Column G (Total Coordinates Completed)** calculated above.

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