

2012 Survey and Remonumentation Progress Report
Complete and Submit This Report After July 1, 2012, but No Later Than September 30, 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 Courier Service: 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-12- _____</p> <hr/> <p>MAIN Mail Code: _____</p>
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For Calculation by the County Grant Administrator

1. \$ _____ (Total Expenditures, up to Total Annual Budget) **minus** \$ _____ (Local Contribution) **equals** \$ _____ (Earned Amount).
2. \$ _____ (Earned Amount) **minus** \$ _____ (40% Start-up Payment) **equals** \$ _____ (Progress Payment Requested.) NOTE: Progress Payment Requested plus 40% Start-up Payment cannot exceed 85% of the State Grant (Page 1, Item 1 of approved Grant Application) per Grant Agreement Section 1.3.C.
3. \$ _____ (State Grant) **minus** \$ _____ (40% Start-up Payment) **minus** \$ _____ (Progress Payment Requested) **equals** \$ _____ (Grant Balance). NOTE: Grant Balance cannot be less than 15% of the State Grant per Grant Agreement Section 1.3.C.

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 Expense Documentation, January 1, 2012 on the OLSR website).

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:

Progress Payment Requested: \$ _____

 Original Ink Signature of County Grant Administrator

 Date

 Original Ink Signature of County Representative / Surveyor
 (Optional)

 Date

Progress Payment Authorized: \$ _____

P.O. #: _____

Grant Balance: \$ _____

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

 Date

2012 Survey and Remonumentation Progress Report

County of: _____

Work Program Expenditures by Line Item	2012 Total Actual Expenditures	2012 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 Overhead			
TOTALS	Enter this amount on Page 1, Number 1		Grant Balance