

**Completion Report For Grant Year 2009**

Authority: 1990 PA 345

Department of Energy, Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301	<b>County of</b> <hr/> <b>Grant #BCC-09</b> _____ <b>MAIN Mail Code:</b> <hr/> Federal I.D.
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**Complete And Submit This Report After July 1, 2009, But No Later Than February 27, 2010**

WORK PROGRAM CATEGORIES (Items G, H, I and J)	Column A	Column B		Column C		Column D (B - A)
<b>NOTE:</b> Provide a written narrative explaining the reason(s) for ANY difference in the corners completed versus the corners specified in the annual work program for items G, H, I & J, whether <b>more</b> or <b>fewer</b> or <b>different</b> corners were completed than were specified in your 2009 grant work program.	Number of Corners in <b>APPROVED</b> 2009 Work Program	Number of <b>PHYSICAL</b> Corners Completed		Number of Corners Completed <b>COMMON</b> to Another Township		Difference Between Number of Corners <b>APPROVED</b> & Number Completed (+ or -)
		1st Report	This Report	1st Report	This Report	
<b>G</b> RESEARCH completed.						
<b>H</b> <b>MONUMENTATION</b> completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter a record for each corner, including common corners, completed on your database in each corresponding township. <b>Submit records to the State on the web-based Corner Index System.</b>						
<b>STATE USE ONLY: Number of Records Received: _____ Total Number of 2009 LCRC's Received _____</b>						
<b>I</b> Points with <b>COORDINATES SET</b> . Submit three-dimensional coordinates for corners on the web-based Corner Index System, description of the control monument, complete adjustment print-out and the surveyor's certification.						
<b>STATE USE ONLY: Number of Records Received: _____ Certification Received? Yes _____ No _____</b>						
<b>J</b> Existing <b>CONTROL STATIONS RECOVERED</b> . Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS website. <b>Include a paper copy for the State's records and digital pictures.</b>						

**STATE USE ONLY: Number of Mark Recovery Forms Received: \_\_\_\_\_**

**Final Payment Requested: \$ \_\_\_\_\_ (EARNED PORTION of the state grant not previously requested).**

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 grant/contract documents. We request the final payment of the 2009 grant amount **less the unearned portion**, if any.

\_\_\_\_\_  
Original Ink Signature of County Grant Administrator

\_\_\_\_\_  
Original Ink Signature of County Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Keith E. Lambert, P.S., Director, Office of Land Survey and Remonumentation

\_\_\_\_\_  
Date

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**Expenditure Completion Report For Grant Year 2009**  
 (Expenditures include state grant funds, county cash contribution and expedited funds, if any)

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Total Actual Expenditures for 2009 Grant Year (add G, H, I and J across) Enter below <u>and</u> on Page 3, under Column "B"*	State Use Only
	Item G	Item H	Item I	Item J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
<b>Peer Group (PG)</b>					*	
<b>Contractual Survey Services (CSS)</b>					*	
<b>Supplies and Materials (S/M)</b>					*	
<b>Equipment (E)</b>					*	
<b>Administration (A)</b>					*	
<b>Actual</b> 2009 Total Annual Expenditures (add Items G, H, I and J down)	Item G	Item H	Item I	Item J	Total	
<b>Approved</b> 2009 Total Annual Project Budget						

\*Total Actual Expenditures Column on Page 2 must be the same as Column "B" on Page 3

### Completion Report For Grant Year 2009

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**Expenditure Completion Report For Grant Year 2009**  
 (Expenditures include state grant funds, county cash contribution and expedited funds, if any)

	Column A	Column B	Column C	
Work Program Expenditures By Line Item	Approved 2009 Budget Including Approved Amendments, if any	Total Actual Expenditures For 2009 Grant Year (From Page 2)	Difference Between Total Actual Expenditures And Approved Budget Including Approved Amendments, if any (Column A - B = C) Indicate As + or - Balance	State Use Only
Peer Group (PG)			1	
Contractual Survey Services (CSS)			1	
Supplies and Materials (S/M)			1	
Equipment (E)			1	
Administration (A)			1	
<b>Total</b> (Add A, B, and C)	<b>Total Annual Project Budget</b>	<b>Total Actual Expenditures</b>	<b>Unexpended Portion of Total Annual Project Budget<sup>2</sup></b>	

**For Calculation by the County Grant Administrator** (not including expedited county programs)  
 Counties with an approved expedited grant must complete Supplement A.

1. \$\_\_\_\_\_ (Total Expenditures, up to Total Annual Budget) **minus** \$\_\_\_\_\_ (County Contribution) **equals** \$\_\_\_\_\_ (Earned Amount).
2. \$\_\_\_\_\_ (Earned Amount) **minus** \$\_\_\_\_\_ (40% Start-up Payment) **minus** \$\_\_\_\_\_ (Progress Payment, if any) **equals** \$\_\_\_\_\_ (Final Payment).
3. \$\_\_\_\_\_ (Unearned Portion of Grant) remains in the State Survey & Remonumentation Fund. If the total actual expenditures are less than the approved total annual project budget, the difference must be returned to the State (Section 2.5 of Grant Agreement).
4. **COUNTY MUST PROVIDE:**
  - County Treasurer's printout (detailed transaction history of Account 245) of all Survey and Remonumentation Grant activity
  - S&W/Fringe Benefits/Overhead, detailed breakdown of all internal county costs
  - All invoices
  - Narrative stating the reasons for any differences in Column C - Difference Between Total Actual Expenditures and Approved Budget

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