

Work Progress Report For Grant Year 2009
Submit Any Time From July 1 through November 1, 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	County of _____ Grant #BCC-09 _____ MAIN Mail Code: _____ Federal I.D. _____
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**A Second Payment Of Up To 45% Of The State Grant Amount,
 Based Upon Actual Expenditures, May Be Paid After July 1 Of The 2009 Grant Year**

	Column A	Column B	Column C	Column B + C	Column A - B
WORK PROGRAM CATEGORIES (Items G, H, I and J)	Number of Corners in APPROVED 2009 Work Program	Number of PHYSICAL Corners Completed to Date	Number of Corners COMMON to Another Township	Number of LCRCs Submitted	BALANCE Remaining to be Completed in 2009
G RESEARCH completed					
H MONUMENTATION completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter each record for each corner, including common corners, completed on your database in each corresponding township. Submit records to the State on the web-based Corner Index System.					

STATE USE ONLY: Number of Records Received: _____ **Total Number of 2009 LCRC's Received** _____

I Points with COORDINATES SET . 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.					
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STATE USE ONLY: Number of Records Received: _____ **Certification Received? Yes** _____ **No** _____

J Existing CONTROL STATIONS RECOVERED . Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS website. Include a paper copy for the State's records and digital pictures.					
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STATE USE ONLY: Number of Mark Recovery Forms Received: _____

Progress Payment Requested: \$ _____ (Up to 45% of Total State Grant, i.e., Amount Requested + 40% already received cannot exceed 85% of Total State Grant)

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.

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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**Payment Of Up To 45% Of The State Grant Amount,
 Based Upon Actual Expenditures, May Be Paid After July 1 Of The 2009 Grant Year**
 (Expenditures include state grant funds, county contributions, and expedited funds, if any)

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Work Progress Report Total (add across)	State Use Only
	Column G	Column H	Column I	Column J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
Peer Group (PG)						
Contractual Survey Services (CSS)						
Supplies and Materials (S/M)						
Equipment (E)						
Administration (A)						
Total Work Progress Report Expenditures (add Columns G, H, I and J down)	Column G	Column H	Column I	Column J	Grand Total Actual Expenditures (as of this report)	
					\$ _____	
1.	\$ _____ (Total Expenditures, up to Total Annual Budget) minus \$ _____ (County Contribution) equals \$ _____ (Earned Amount).					
2.	\$ _____ (Earned Amount) minus \$ _____ (40% Start-up Payment) equals \$ _____ (Progress Payment - Up to 45% of State Grant).					
3.	COUNTY MUST PROVIDE: <ul style="list-style-type: none"> •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 					

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