

Standard Form for Detailed Itemization of Fee Amounts

**MOUNT CLEMENS COMMUNITY SCHOOLS
FOIA FEE ITEMIZATION FORM**

| | |
|---|----------------------------------|
| Requestor's Name _____ | Date on Request _____ |
| <input type="checkbox"/> Hand-Delivered <input type="checkbox"/> U.S. Mail <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other _____ | Date Received ⁱ _____ |

| | | |
|---------------------|------|------------------|
| _____ Estimated Fee | -or- | _____ Actual Fee |
|---------------------|------|------------------|

| |
|---|
| Record available on website but copy nonetheless requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|

| Labor Costs | | | | | |
|---|---|--------------------------------|----------------------------|--|--------------|
| Item Description ⁱⁱ | Hourly Rate ⁱⁱⁱ | Fringe Benefit % ^{iv} | Overtime Rate ^v | No. of 15 minute increments ^{vi} | Total Charge |
| Searching/Locating/Examining Records | Employee Hourly wage ^{vii} \$ x | 1.4396+/= | \$ _____ = | \$ / 4 = \$ x 4 (increments) = | |
| Separating and Deleting Exempt from Nonexempt Information/Records | <input checked="" type="checkbox"/> Employee Hourly wage ^{viii} \$ x OR <input type="checkbox"/> Contracted Labor Costs _____ x (Not to exceed 6x State minimum wage) | 1.4396+/= | \$ _____ = | \$ / 4 = \$ x 3 (increments) = \$ _____ / 4 = \$ _____ x _____ (increments) = | \$ _____ |
| Duplicating or Publishing Records ^{ix} | Employee Hourly wage ^x \$ x | 1.4396+/= | \$ _____ = | \$ / 4 = \$ x 2 (increments) = | |
| Name of person or firm engaged under contract to separate and delete exempt from nonexempt information/records, if applicable: <u>Josie Meyers</u> | | | | Subtotal Labor Costs = | |

Standard Form for Detailed Itemization of Fee Amounts

**MOUNT CLEMENS COMMUNITY SCHOOLS
FOIA FEE ITEMIZATION FORM**

| Copying Cost for Paper Copies ^{xi} | | | | | | |
|--|--|--|--|-------------------------|--|--|
| Letter (8½" x 11") paper at \$0.05_ each ^{xii} | Legal (8½"x 14") paper at \$0.____ each | Size Ledger paper at \$0.____ each | Size _____ paper at \$0.____ each | Total Charge | | |
| No. of Sheets _____ x \$0.05= \$1.490 | No. of Sheets _____ x \$0.05= \$ _____ | No. of Sheets _____ x \$0.10= \$ _____ | No. of Sheets _____ x \$0.____= \$ _____ | | | |
| Postal Delivery Charges | | | | | | |
| Cost of Packaging | Postage Cost | Cost of Delivery Confirmation | Special Shipping Cost | Insurance Cost | Overnight/ Special Request | Total Charge |
| \$ _____ | \$ national rate | \$ _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$ _____ | \$ _____ |
| Non-Paper Physical Media | | | | | | |
| USB Flash Drives | Computer Discs | Other Digital Media | Other/ Special Requested? | Total Charge | | |
| \$ _____ x number used _____ = \$ _____ | \$ _____ x number used _____ = \$ _____ | \$ _____ x number used _____ = \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$ _____ | \$ _____ | | |
| Discounts Qualified for \$20 Discount? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, subtract \$20.00. <input type="checkbox"/> Indigence (maximum of 2 discounts per calendar year) <input type="checkbox"/> State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts) Qualified for Waiver or Reduction as primary and benefiting the general public? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, insert amount of waiver or reduction. \$ _____ | | | | (\$ _____) | | |
| TOTAL FEE = \$ _____ | | | | | | |
| If estimated fee is over \$50.00, the District shall charge a good faith deposit of 50 % of the estimated fee. | | | | Amount of Deposit \$ by | Estimated Date Available | Paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If a good faith deposit is paid, subtract the amount of the good-faith deposit received. | | | | (\$ _____) | | |
| Reduction for untimely response by District <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, subtract 5% of labor costs x _____ days late [up to a maximum 50% reduction of labor costs] = _____ reduction. Diverted to Spam/Junk Mail? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, indicate date and time delivered to Spam/Junk Mail [_____, 20__ at ___am/pm] and date and time discovered in Spam/Junk Mail [_____, 20__ at ___am/pm]. ^{xiii} | | | | (\$ _____) | | |
| TOTAL DUE= \$ _____ | | | | | | |

Standard Form for Detailed Itemization of Fee Amounts

MOUNT CLEMENS COMMUNITY SCHOOLS FOIA FEE ITEMIZATION FORM

ⁱA FOIA request is received on the date that it is hand-delivered, or that U.S. Mail is delivered, to the [District] [ISD] [PSA]. A FOIA request is treated as received on the next business day if sent via facsimile, email or other electronic transmission; provided, however, the special rules apply to an email re-directed to a SPAM or trash account. (See n. 11)

ⁱⁱ A fee shall not be charged to search, locate, examine, review or delete/separate/redact exempt from nonexempt information unless failure to charge would result in unnecessarily high costs to the [District][ISD][PSA].

ⁱⁱⁱ The hourly rate shall not be more than the hourly wage of the lowest-paid staff member capable of performing the labor in the particular instance.

^{iv} The [District][ISD][PSA] will add up to 50% to the applicable labor charge amount to cover or partially cover the cost of fringe benefits. 100% of fringe benefit costs will be added to the applicable labor charge if a requestor stipulates that records available on the [District][ISD][PSA] website nonetheless are requested to be provided in a paper format or in a specific form of electronic media. Under no circumstances shall the [District][ISD][PSA] charge more than the actual cost of fringe benefits.

^v Overtime rates shall not be included in the calculation of labor costs unless overtime is specifically requested by the requestor and agreed upon by the [District][ISD][PSA].

^{vi} In general, labor cost shall be estimated and charged in increments of 15 minutes, with all partial time increments rounded down. (See note 8 for exception.) Divide the resulting hourly wage(s) by four to determine the charge per 15 minute increment.

^{vii} If more than one employee is completing any task, use additional cost itemization forms to note each employee's hourly wage, fringe benefits, and time separately.

^{viii} If more than one employee is completing any task, use additional cost itemization forms to note each employee's hourly wage, fringe benefits, and time separately.

^{ix} Labor costs for duplicating or publishing records may be estimated and charged in time increments of the [District's][ISD'S][PSA's] choosing, with all partial time increments rounded down. The [District][ISD][PSA] has determined to charge labor costs for duplicating or publishing records in 15 minute increments.

^x If more than one employee is completing any task, use additional cost itemization forms to note each employee's hourly wage, fringe benefits, and time separately.

^{xi} The [District][ISD][PSA] shall utilize the most economical means available for making copies, including using double-sided printing.

^{xii} The fee shall not exceed 10 cents per sheet of paper (one-sided or two-sided) for copies made on "8½ x 11" or "8½ x 14" sheets of paper.

^{xiii} If a written request is sent by electronic mail and delivered to the public body's spam or junk-mail folder, the request is not received until 1 day after the public body first becomes aware of the written request. The public body shall note in its records both the time a written request is delivered to its spam or junk-mail folder and the time the public body first becomes aware of that request.