

<b>MONTCALM CARE NETWORK</b> 611 North State Street, Stanton, MI 48888		<b>Form</b>
SUBJECT: Freedom of Information Act (FOIA) Fee Itemization Schedule Form	Section: 4530B	
Effective Date: January 26, 2016	Revised Date: January 20, 2020	



## FOIA Fee Itemization

### Schedule

Component	Cost Calculations	Total
Labor Cost – Search, Location and Examination	Hourly wage of lowest paid capable employee <u>\$19.42</u> <u>\$19.42</u> multiplied by the 50% fringe benefit multiplier = <u>\$9.71</u> <u>\$19.42</u> + <u>\$9.71</u> = <u>\$29.13</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment) = <u>\$7.28 (A)</u>  Number of 15-minute time increments (“Units”) _____ (B) _____ (A) x _____ (B) =	\$ _____
Labor Cost - Redaction	Hourly wage of lowest paid capable employee <u>\$19.42</u> <u>\$19.42</u> multiplied by the 50% fringe benefit multiplier = <u>\$9.71</u> <u>\$19.42</u> + <u>\$9.71</u> = <u>\$29.13</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment) = <u>\$7.28 (C)</u>  Number of 15-minute time increments (“Units”) _____ (D) _____ (C) x _____ (D) =	\$ _____

Labor Cost – Duplication and Copying	<p>Hourly wage of lowest paid capable employee <u>\$9.45</u></p> <p><u>\$9.45</u> multiplied by the 50% fringe benefit multiplier = <u>\$4.73</u></p> <p><u>\$9.45</u> + <u>\$4.73</u> = <u>\$14.18</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment) = <u>\$3.55 (E)</u></p> <p>Number of 15-minute time increments (“Units”) _____ (F)</p> <p>_____ (E) x _____ (F) =</p>	\$ _____
Non-Paper Physical Media	<p>Actual and most reasonable economical cost of:</p> <p>Flash Drives <u>\$5.00</u> x Number used _____ = \$ _____ (G)</p> <p>Compact Disc <u>\$0.19</u> x Number used _____ = \$ _____ (H)</p> <p>_____ (G) x _____ (H) =</p>	\$ _____

Component	Cost Calculations	Total
Paper Media	Paper (8 ½ x 11) <u>\$0.10</u> x Sheets used _____ =	\$ _____
Mailing	<p>Cost of least expensive postal deliver confirmation \$ _____ (I)</p> <p>Incremental cost of expedited/insured shipping* \$ _____ (J)</p> <p>_____ (I) x _____ (J) =</p> <p>*Only upon stipulation of requestor</p>	\$ _____
<b>Subtotal (K):</b>		<b>\$ _____</b>
Reductions for Delayed Response	<p>Days of late FOIA Request Response _____ x 5% = _____ % (L)</p> <p>Subtotal _____ (K) x _____ (J) =</p>	- \$ _____
Statutory Fee Waiver	Subtract indigence fee waiver ( <u>\$20.00</u> ), if applicable.	- \$ _____

Voluntary Waiver	Subtract amount waived pursuant to MCN determination that production is in the public interest, if applicable.	- \$ _____
Deposit	Subtract any amount previously provided by requestor as a deposit, if applicable.	- \$ _____
<b>Total Due:</b>		\$ _____