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| **MONTCALM CARE NETWORK Form****611 North State Street, Stanton, MI 48888** |
| SUBJECT: Freedom of Information Act(FOIA) Fee Itemization Schedule Form | Section: 4530B |
| Effective Date: January 26, 2016 | Revised Date: June 10, 2024 |



FOIA Fee Itemization

Schedule

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| **Component** | **Cost Calculations** | **Total** |
| Labor Cost – Search, Location and Examination | Hourly wage of lowest paid capable employee $24.28$24.28 multiplied by the 50% fringe benefit multiplier = $12.14$24.28+ $12.14= $36.42 hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment)= $9.10 **(A)**Number of 15-minute time increments (“Units”) **(B)** **(A)** x **(B)** = | $  |
| Labor Cost - Redaction | Hourly wage of lowest paid capable employee $24.28$24.28 multiplied by the 50% fringe benefit multiplier = $12.14$24.28 + $12.14 = $36.42 hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment)= $9.10 **(C)**Number of 15-minute time increments (“Units”) **(D)** **(C)** x **(D)** = | $  |

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| Labor Cost – Duplication and Copying | Hourly wage of lowest paid capable employee $19.15$19.15 multiplied by the 50% fringe benefit multiplier = $9.57$19.15 + $9.57 = $28.72 hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment)= $7.18 **(E)**Number of 15-minute time increments (“Units”) **(F)** **(E)** x **(F)** = | $  |
| Non-Paper Physical Media | Actual and most reasonable economical cost of:Flash Drives $2.00 x Number used \_\_\_= $ **(G)**  | $  |

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

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| 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. | -$  |
| **Total Due:** | **$**  |