

MONTCALM CARE NETWORK 611 North State Street, Stanton, MI 48888		Form
SUBJECT: Freedom of Information Act (FOIA) Fee Itemization Schedule Form	Section: 4530B	
Effective Date: January 26, 2016	Revised Date: February 10, 2022	



FOIA Fee Itemization

Schedule

Component	Cost Calculations	Total
Labor Cost – Search, Location and Examination	Hourly wage of lowest paid capable employee <u>\$21.42</u> <u>\$21.42</u> multiplied by the 50% fringe benefit multiplier = <u>\$10.71</u> <u>\$21.42</u> + <u>\$10.71</u> = <u>\$32.13</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment) = <u>\$8.03 (A)</u> Number of 15-minute time increments (“Units”) _____ (B) _____ (A) x _____ (B) =	\$ _____
Labor Cost - Redaction	Hourly wage of lowest paid capable employee <u>\$21.42</u> <u>\$21.42</u> multiplied by the 50% fringe benefit multiplier = <u>\$10.71</u> <u>\$21.42</u> + <u>\$10.71</u> = <u>\$32.13</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment) = <u>\$8.03 (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>\$17.51</u> <u>\$17.51</u> multiplied by the 50% fringe benefit multiplier = <u>\$8.75</u> <u>\$17.51</u> + <u>\$8.75</u> = <u>\$26.26</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15-minute increment) = <u>\$6.56 (E)</u></p> <p>Number of 15-minute time increments (“Units”) _____ (F) _____ (E) x _____ (F) =</p>	\$ _____
Non-Paper Physical Media	<p>Actual and most reasonable economical cost of: Flash Drives <u>\$5.00</u> x Number used _____ = \$ _____ (G) Compact Disc <u>\$ 0.19</u> x Number used _____ = \$ _____ (H) _____ (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) Incremental cost of expedited/insured shipping* \$ _____ (J) _____ (I) x _____ (J) =</p> <p>*Only upon stipulation of requestor</p>	\$ _____
Subtotal (K):		\$ _____
Reductions for Delayed Response	<p>Days of late FOIA Request Response _____ x 5% = _____ % (L) 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.	- \$ _____
Total Due:		\$ _____