Freedom of Information Act Request Detailed Cost Itemization

Date: _____ Prepared for **Request No.:** _____ Date Request Received: _____

The following costs are being charged/estimated in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to the City's FOIA Policies and Guidelines. If the City is seeking a 50% deposit prior to providing the public records sought, the estimate is itemized on this form, lines 2-7 below.

1. If all or a portion of the requested information is available on the City's website, the City is required to tell you it is available on the website and, where practicable, include a specific webpage address where the information is available. In this case

- ☐ None
- ☐ Some
- ☐ All

of the requested material can be found at the following webpage(s):

_____, _____, _____.

If the webpage is all the information you need, it is provided without charge. If, however, you still wish to receive a copy of material from the webpage, please let us know. The usual charge will apply if the City is required to produce copies of material from the webpage.

2. Labor Cost to Locate Records Not on City Website:
This is the cost of labor directly associated with the necessary searching for, locating, and examining public records in conjunction with receiving and fulfilling a granted written request. **This fee is being charged because failure to do so will result in unreasonably high costs to the City because of the nature of the request in this particular instance, specifically:** _____

The City will not charge more than the hourly wage of its lowest-paid employee capable of searching for, locating, and examining the public records in this particular instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged in 15 **minute time increments**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____ **Charge per ¼ hour: $**_____

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier: _____% (*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per ¼ hour: $**_____

☐ Overtime rate charged as stipulated by Requestor *(overtime is not used to calculate the fringe benefit cost)*

To figure the number of increments, take the *number of minutes:* ____, *divide by* 15 *and round down. Enter below:*

Number of increments

x _____ **=**

2. Labor Cost

$_____

3. Labor Cost for Copying / Duplication of Records

This is the cost of labor directly associated with duplication of publications, including making paper copies, making digital copies, or transferring digital public records to be given to the requestor on non-paper physical media or through the Internet or other electronic means as stipulated by the requestor.

This shall not be more than the hourly wage of the City's lowest-paid employee capable of necessary duplication or publication in this particular instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged in 15 **minute time increments**; all partial time increments must be rounded down. *If the number of minutes is less than one increment, there is no charge.*

Hourly Wage Charged: $_____

OR

Hourly Wage with Fringe Benefit Cost: $_____

Multiply the hourly wage by the percentage multiplier: _____%
(*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate.

Charge per ¼ hour: $_____

OR

Charge per ¼ hour: $_____

☐ Overtime rate charged as stipulated by Requestor *(overtime is not used to calculate the fringe benefit cost)*

To figure the number of increments, take the *number of minutes: ____, divide by 15, and round down. Enter below:*

Number of increments

x _____ =

3. Labor Cost

$_____

4. Labor Cost for Copying/Duplicating Records Already on City's Website:

This shall not be more than the hourly wage of the City's lowest-paid employee capable of necessary duplication or publication in this particular instance, regardless of whether that person is available or who actually performs the labor. These costs will be estimated and charged in 15 **minute time increments**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____

OR

Hourly Wage with Fringe Benefit Cost: $_____

Multiply the hourly wage by the percentage multiplier: _____%
and add to the hourly wage for a total per hour rate.

Charge per increment: $_____

OR

Charge per increment: $_____

☐ Requestor has stipulated that some / all of the requested records that are already available on the City's website be provided in a paper or non-paper physical digital medium.

☐ Overtime rate charged as stipulated by Requestor

To figure the number of increments, take the *number of minutes: ____, divide by 15, and round down. Enter below:*

Number of increments

x _____ =

4. Web Labor Cost

$_____

5. Labor Cost for Separating Exempt from Non-Exempt (Redacting): Material Not on City Website

The City will not charge for labor directly associated with redaction if it knows or has reason to know that it previously redacted the record in question and still has the redacted version in its possession.

This fee is being charged because failure to do so will result in unreasonably high costs to the City that are excessive and beyond the normal or usual amount for those services compared to the City's usual FOIA requests, because of the nature of the request in this particular instance, specifically:_____

This is the cost of labor of a **City employee**, including necessary review, directly associated with separating and deleting exempt from nonexempt information. This shall not be more than the hourly wage of the **City's lowest-paid employee** capable of separating and deleting exempt from nonexempt information in this particular instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged in **15 minute time increment**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____ **Charge per increment: $**_____

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier: ____**%** (*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $**_____

☐ Overtime rate charged as stipulated by Requestor *(overtime is not used to calculate the fringe benefit cost)*

To figure the number of increments, take the *number of minutes:* ____, *divide by 15, and round down. Enter below:*

Number of increments

x _____ **=**

5. Labor Cost

$_____

6. Copying / Duplication Cost:

Copying costs may be charged if a copy of a public record is requested, or for the necessary copying of a record for inspection (*for example, to allow for blacking out exempt information, to protect old or delicate original records, or because the original record is a digital file or database not available for public inspection*).

No more than the actual cost of a sheet of paper, up to maximum 10 cents per sheet for:

- **Letter** (8 ½ x 11-inch, single and double-sided): _____ **cents per sheet**
- **Legal** (8 ½ x 14-inch, single and double-sided): _____ **cents per sheet**

No more than the actual cost of a sheet of paper for other paper sizes:

- **Other paper sizes** (single and double-sided): _____ **cents / dollars per sheet**

Actual and most reasonably economical cost of non-paper physical digital media:

- ***Circle applicable:*** Disc / Tape / Drive / Other Digital Medium **Cost per Item:** _____

The cost of paper copies **must** be calculated as a total cost per sheet of paper. The fee **cannot exceed** 10 cents per sheet of paper for copies of public records made on 8-1/2- by 11-inch paper or 8-1/2- by 14-inch paper. A City **must** utilize the most economical means available for making copies of public records, including using double-sided printing, if cost saving and available.

Number of Sheets:

x _____ **=**

x _____ **=**

x _____ **=**

x _____ **=**

No. of Items:

x _____ **=**

Costs:

$_____

$_____

$_____

6. Total Copy Cost

$_____

7. Mailing Cost:

The City will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. Delivery confirmation is not required.

- The City ***may*** charge for the least expensive form of postal delivery confirmation.
- The City ***cannot*** charge more for expedited shipping or insurance unless specifically requested by the requestor.*

	Number of Envelopes or Packages:	Costs:
Actual Cost of Envelope or Packaging: $_____	x _____ =	$_____
Actual Cost of Postage: $_____ per stamp	x _____ =	$_____
$_____ per pound	x _____ =	$_____
$_____ per package	x _____ =	$_____
Actual Cost (least expensive) Postal Delivery Confirmation: $_____	x _____ =	**7. Total Mailing Cost**
***Expedited Shipping or Insurance as Requested:** $_____	x _____	$_____

☐ * Requestor has requested expedited shipping or insurance

8. Subtotal Fees Before Waivers, Discounts or Deposits:

☐ Cost estimate
☐ Bill

Estimated Time Frame to Provide Records:

_____ (*days or date*)

The time frame estimate is nonbinding upon the City, but the City is providing the estimate in good faith. Providing an estimated time frame does not relieve the City from any of the other requirements of this act.

1. Records on City Website:	No Charge
2. Labor Cost to Locate:	$_____
3. Labor Cost for Copying:	$_____
4. Labor Cost for Copying Records on Website:	$_____
5. Labor Cost to Redact:	$_____
6. Copying/Duplication Cost:	$_____
7. Mailing Cost:	$_____
8. Subtotal Fees:	$_____

9. Good Faith Deposit:

If the estimated cost of responding to this request exceeds $50.00, the City may collect up to 50% of that estimate (i.e., 50% of the amount on line 8) before responding.

x 50%

9. Good Faith Deposit

$_____

10. Waiver: Public Interest A search for a public record may be conducted or copies of public records may be furnished without charge or at a reduced charge if the City determines, upon request, that a waiver or reduction of the amount on line 8 above is in the public interest because searching for or furnishing copies of the public record can be considered as primarily benefiting the general public. ☐ **All fees are waived** **OR** ☐ **All fees are reduced by: _____%**	**Subtotal from Line 8 Above as Affected by City's Decision Re: Requested Waiver:**	$_____
11. Discount: Indigence A public record search **must** be made and a copy of a public record **must** be furnished **without charge for the first $20.00 of the fee** for each request by an individual who is entitled to information under this act and who: **1)** Submits an affidavit stating that the individual is indigent and receiving specific public assistance, **OR** **2)** If not receiving public assistance, stating facts showing inability to pay the cost because of indigence. If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if **ANY** of the following apply: (i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year, **OR** (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration. ☐ **Eligible for Indigence Discount**	**Subtotal Fees After Discount (subtract $20 if eligible, otherwise enter amount from Line 10):**	$_____
12. Discount: Nonprofit Organization A public record search **must** be made and a copy of a public record **must** be furnished **without charge for the first $20.00 of the fee** for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the federal Protection and Advocacy for Individuals with Mental Illness Act, if the request meets **ALL** of the following requirements: (i) Is made directly on behalf of the organization or its clients. (ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Michigan Mental Health Code, 1974 PA 258, MCL 330.1931. (iii) Is accompanied by documentation of its designation by the state, if requested by the City. ☐ **Eligible for Nonprofit Discount**	**Subtotal Fees After Discount (subtract $20 if eligible, otherwise enter amount from Line 11):**	$_____

13. Deposit: Previously Paid The City may require a good-faith deposit before providing the public records to the requestor **if the entire fee estimate or charge authorized under this section exceeds $50.00**, based on a good-faith calculation of the total fee. The deposit cannot exceed 1/2 of the total estimated fee. **Percent of Deposit: 50%**	**Date paid:** _____	**13a.** $_____

Deposit: Increased Deposit Due to Previous FOIA Fees Not Paid In Full After a City has granted and fulfilled a written request from an individual under this act, if the City has not been paid in full the total amount of fees for the copies of public records that the township made available to the individual as a result of that written request, **the City may require an increased estimated fee deposit of up to 100% of the estimated fee before it begins a full public record search for any subsequent written request from that individual** if **ALL** of the following apply: (a) The final fee for the prior written request was not more than 105% of the estimated fee. (b) The public records made available contained the information being sought in the prior written request and are still in the City's possession. (c) The public records were made available to the individual, subject to payment, within the best effort estimated time frame given for the previous request. (d) Ninety (90) days have passed since the City notified the individual in writing that the public records were available for pickup or mailing. (e) The individual is unable to show proof of prior payment to the City. (f) The City calculates a detailed itemization, as required under MCL 15.234, that is the basis for the current written request's increased estimated fee deposit. A City **can no longer require an increased estimated fee deposit** from an individual if **ANY** of the following apply: (a) The individual is able to show proof of prior payment in full to the City, **OR** (b) The City is subsequently paid in full for the applicable prior written request, **OR** (c) Three hundred sixty-five (365) days have passed since the individual made the written request for which full payment was not remitted to the City.	**Date paid:** _____	**Percent Deposit Required** _____% **13b Deposit Required** $_____ **13c Balance from Line 12 after deducting any previously paid deposit.** $_____
14. Late Response Labor Costs Reduction If the City does not respond to a written request in a timely manner as required under MCL 15.235(2), the City **must** do the following: (a) **Reduce the charges for labor costs** otherwise permitted by 5% for each day the City exceeds the time permitted for a response to the request, **with a maximum 50% reduction.** **15. Balance Due (Deduct amount on Line 14 from amount on Line 13c)**	**Number of Days Over Required Response Time:** _____ **Multiply by 5%** **= Total Percent Reduction:** _____ **Date Paid** _____	**Total Labor Costs** $_____ **Minus Reduction** $_____ **= Reduced Total Labor Costs** $_____ **Total Balance Due:** $_____
The Public Summary of the City's FOIA Procedures and Guidelines is available free of charge from: Website:_____ Email: _____ Phone: _____ Address:_____ **Request Will Be Processed, But Balance Must Be Paid Before Copies May Be Picked Up, Delivered or Mailed**		

Form created by Michigan Townships Association