

CITY of SOUTH LYON
FOIA Fee Itemization Form

<u>Component</u>	<u>Cost Calculations</u>	<u>Total</u>
<p>1. Labor Costs – Search, Location, and Examination of Records*</p>	<p>Enter the hourly wage of lowest paid employee capable of performing the search, location and examination \$ _____ per hour</p> <p>Multiply the wage by the fringe benefit multiplier (maximum of 50% of the hourly wage); OR, if the requested information is available online and the requestor request the documents to be provided in another format, the fringe benefit multiplier may exceed 50% (not to exceed actual cost) _____ %</p> <p>Multiply the hourly wage times the fringe benefit multiplier \$ _____ x 1. _____ = \$ _____</p> <p>If stipulated by the requestor, add the hourly overtime wage increment (but do not include in the calculation of fringe benefit costs) \$ _____ + _____ = \$ _____</p> <p>Divide the resulting hourly wage by four (4) to determine the charge per fifteen (15) minute increment \$ _____ / 4 = \$ _____</p> <p>Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate _____ x \$ _____ = \$ _____</p>	<p>\$ _____</p>
<p>2. Employee Labor Costs – Redaction*</p>	<p>If performed by the public body's employee:</p> <p>Enter the hourly wage of lowest paid employee capable of performing the redaction \$ _____ per hour</p> <p>Multiply the wage by the fringe benefit multiplier (maximum of 50% of the hourly wage); OR, if the requested information is available online and the requestor request the documents to be provided in another format, the fringe benefit multiplier may exceed 50% (not to exceed actual cost) _____ %</p> <p>Multiply the hourly wage times the fringe benefit multiplier \$ _____ x 1. _____ = \$ _____</p>	

	<p>If stipulated by the requestor, add the hourly overtime wage increment (but do not include in the calculation of fringe benefit costs)</p> <p style="text-align: center;">\$ _____ + _____ = \$ _____</p> <p>Divide the resulting hourly wage by four (4) to determine the charge per fifteen (15) minute increment</p> <p style="text-align: center;">\$ _____ / 4. _____ = \$ _____</p> <p>Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate</p> <p style="text-align: center;">_____ x \$ _____ = \$ _____</p>	\$ _____
<p>3. Contracted Labor Costs – Redaction*</p>	<p>If performed by Contracted Labor (Only permitted if the public body does not employ a person capable of redacting the records as determined by the FOIA Coordinator):</p> <p>Name of person or firm contracted:</p> <p>_____</p> <p>Enter the hourly rate charged by the contractor (may not exceed six (6) times the State minimum wage (i.e. \$8.15x6=\$48.90)</p> <p style="text-align: right;">\$ _____ per hour</p> <p>Divide the hourly rate by four (4) to determine the charge per fifteen (15) minute increment</p> <p style="text-align: center;">\$ _____ / 4 = \$ _____</p> <p>Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate</p> <p style="text-align: center;">_____ x \$ _____ = \$ _____</p>	\$ _____
<p>4. Non-Paper Physical Media</p>	<p>Actual and most reasonably economical cost of:</p> <p>Flash Drives \$ _____ x number used _____ = \$ _____</p> <p>Computer Discs \$ _____ x number used _____ = \$ _____</p> <p>Other Media \$ _____ x number used _____ = \$ _____</p>	\$ _____
<p>5. Paper Copies</p>	<p>Actual total incremental cost of duplication (not including labor) up to a <u>maximum of 10 cents per page</u>:</p> <p>Letter paper (8 ½" x 11")</p> <p style="text-align: center;">number of sheets _____ x \$0. _____ = \$ _____</p> <p>Legal paper (8 ½" x 14")</p> <p style="text-align: center;">number of sheets _____ x \$0. _____ = \$ _____</p>	

	<p>Actual cost of other types of paper:</p> <p>Type of Paper: _____ number of sheets _____ x \$ _____ = \$ _____</p> <p>Type of Paper: _____ number of sheets _____ x \$ _____ = \$ _____</p> <p>(NOTE: Must print double-sided if available and costs less.)</p>	<p>\$ _____</p>
<p>6. Labor Cost – Duplication Copying, and transferring records to non-paper physical media</p>	<p>Enter the hourly wage of lowest paid employee capable of performing the duplication, copying, or transferring digital records to non-paper physical media</p> <p style="text-align: right;">\$ _____ per hour</p> <p>Multiply the wage by the fringe benefit multiplier (maximum of 50% of the hourly wage); OR, if the requested information is available online and the requestor request the documents to be provided in another format, the fringe benefit multiplier may exceed 50% (not to exceed actual cost)</p> <p style="text-align: right;">_____ %</p> <p>Multiply the hourly wage times the fringe benefit multiplier</p> <p style="text-align: right;">\$ _____ x 1. _____ = \$ _____</p> <p>If stipulated by the requestor, add the hourly overtime wage increment (but do not include in the calculation of fringe benefit costs)</p> <p style="text-align: right;">\$ _____ + _____ = \$ _____</p> <p>Divide the resulting hourly wage by _____ to determine the charge per _____ () minute increment</p> <p style="text-align: right;">\$ _____ / 4 = \$ _____</p> <p>(NOTE: May use any time increment for this category)</p> <p>Number of _____ minute increments (partial time increments must be rounded down) multiplied by the permitted rate</p> <p style="text-align: right;">x \$ _____ = \$ _____</p>	<p>\$ _____</p>
<p>7. Mailing</p>	<p>Actual cost of mailing records in a reasonable and economical manner:</p> <p style="text-align: right;">Cost of mailing: \$ _____</p> <p>Cost of least expensive form of postal delivery confirmation:</p> <p style="text-align: right;">\$ _____</p>	<p>\$ _____</p>

	Cost of expedited shipping or insurance only if specifically stipulated by the requestor: \$ _____	
	Subtotal	\$ _____
Waivers and Reductions	<p>Subtract any Fee Waiver or Reduction: \$20.00 for indigency or nonprofit organization as further described in the Public Body's procedures and guidelines.</p> <p>Any amount determined by the Public Body due to the search and furnishing of the Public Record determined to be in the public interest. \$ _____</p> <p>The reduction amount due to the late response of the Public Body. 5% of fee x _____ days late = _____% reduction (maximum reduction is 50%)</p>	-\$ _____
Deposit	Subtract any good-faith deposit received: \$ _____	-\$ _____
	Total Due	\$ _____

*Note: Labor costs for search, location, examination and redaction (categories 1 and 2 on the itemization form) may not be charged unless the failure to charge a fee would result in unreasonably high costs to the public body because of the nature of the request in the particular instance, and the public body specifically identifies the nature of these unreasonably high costs.