

MANISTEE COUNTY MEDICAL CARE FACILITY

FREEDOM OF INFORMATION ACT

FEE ITEMIZATION FORM

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234 (the “FOIA” or the “Act”), the following costs will be charged for responses to FOIA requests, pursuant to the FOIA Fee Schedule adopted and periodically revised by the Manistee County Medical Care Facility.ⁱ

Y / N (circle one): A fee for labor cost is being charged because the failure to do so will result in unreasonably high costs to the [public body] because of the nature of the request in this particular instance. Specifically, identify the nature of this unreasonably high cost(s).

Labor costs shall not be more than the hourly wage of the Manistee County Medical Care Facility’s lowest-paid employee capable of performing the labor in the particular instance, regardless of whether that person is available or actually performs the labor. Labor costs will be estimated and charged in [# must be 15-minutes or more]-minute time increments. All partial time increments will be rounded down. No overtime will be charged unless the person making the request provides written approval. If the number of minutes is less than 15, there will be no charge. If the [public body] charges to cover or partially cover the cost of fringe benefits, it will use a [# cannot exceed 50]-percent multiplier to account for those benefits.ⁱⁱ

1. LABOR COST TO LOCATE ⁱⁱⁱ		
Hourly Wage Charged = \$_____.	It is estimated to take [____] minutes to perform this task ÷ [____] minute increments = ____ increment(s).	Subtotal Cost = \$_____
OT Wages (as Stipulated by the Requestor) = \$_____		
Charge per increment = \$_____.		
or		
Hourly Wage with Fringe Benefit Cost = \$_____.		
Charge per increment = \$_____.		

2. LABOR COST TO COPY ^{iv}		
Hourly Wage Charged = \$_____.	It is estimated to take [____] minutes to perform this task ÷ [____] minute increments = ____ increment(s).	Subtotal Cost = \$_____
OT Wages (as Stipulated by the Requestor) = \$_____		
Charge per increment = \$_____.		
or		
Hourly Wage with Fringe Benefit Cost = \$_____.		
Charge per increment = \$_____.		

3. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL ^v		
Hourly Wage Charged = \$_____.	It is estimated to take [____] minutes to perform this task ÷ [____] minute increments = ____ increment(s).	Subtotal Cost = \$_____
Charge per increment = \$_____.		
or		
Hourly Wage with Fringe Benefit Cost = \$_____.		

Charge per increment = \$_____.	
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4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL ^{vi}		
Name of contracted person or firm = _____		
Hourly Wage Charged = \$_____.	It is estimated to take [__] minutes to perform this task ÷ [__] minute increments = ____ increment(s).	Subtotal Cost ^{vii} = \$_____
Charge per increment = \$_____.		
or Hourly Wage with Fringe Benefit Cost = \$_____.		
Charge per increment = \$_____.		

5. COPYING (DUPLICATION OR PRINTING) COST ^{viii}		
Letter (8 1/2 x 11-inch, single- or double-sided): ____ cents per sheet	Number of sheets = _____	Cost = \$ _____
Legal (8 1/2 x 14-inch, single- or double-sided): ____ cents per sheet	Number of sheets = _____	Cost = \$ _____
Other paper sizes (single- or double-sided): ____ cents per sheet	Number of sheets = _____	Cost = \$ _____
Actual and most reasonably economical cost of non-paper physical digital media (or being provided to the requestor in such format as stipulated) = \$ _____ <i>Circle applicable:</i> Disc / Tape / Drive / Other Digital Medium Cost per Item:	Number of items = _____	Cost = \$ _____
		Subtotal Cost = \$ _____

6. MAILING COST ^{ix}		
	Number of envelope(s), package(s), stamp(s), etc.	
Cost of Envelope or Package = \$ _____	_____	Cost = \$ _____
Postage = \$ _____ per stamp.	_____	Cost = \$ _____
Postage = \$ _____ per pound.	_____	Cost = \$ _____
Postage = \$ _____ per package.	_____	Cost = \$ _____
Postal Delivery Confirmation = \$ _____.	_____	Cost = \$ _____
Expedited Shipping or Insurance, if requested = \$ _____.	_____	Cost = \$ _____
		Subtotal Cost = \$ _____

Affidavit of Indigency Submitted? <u>Y</u> / <u>N</u> ^x Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? <u>Y</u> / <u>N</u>	If Yes, subtract \$20.00	(\$ _____)
TOTAL ESTIMATED FEE = \$ _____		
If the estimated cost exceeds \$50.00, a good faith deposit of 50% is required before the request will be processed.	50% Deposit = \$ _____.	Date Paid = ____ / ____ / ____.
The request will be processed, but the balance of the cost must be paid before copies may be picked up, delivered, or mailed.	Balance Due = \$ _____.	Date Paid = ____ / ____ / ____.

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- ⁱ The Manistee County Medical Care Facility may require a one-hundred percent (100%) deposit from a requestor who has not previously paid a fulfilled FOIA request, provided the requirements in Section 5 of the Act are met.
- ⁱⁱ Please note, 100% of fringe benefit costs will be added to the applicable labor charge if a requestor is notified in writing that public records are available on the Manistee County Medical Care Facility's website or webpage and the requestor continues to request that the Manistee County Medical Care Facility provide a copy, in any format, of the available public record.
- ⁱⁱⁱ 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.
- ^{iv} This is the cost of labor directly associated with duplication of publication, 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.
- ^v This is the cost of labor of an in-house, Manistee County Medical Care Facility employee, including necessary review, directly associated with separating and deleting exempt from nonexempt information.
- ^{vi} As this Manistee County Medical Care Facility does not employ a person in-house who is capable of separating exempt from non-exempt information in this particular instance, as determined by the FOIA Coordinator, this is the cost of labor of a contractor (i.e., outside attorney), including necessary review, directly associated with separating and deleting exempt information from nonexempt information. The Manistee County Medical Care Facility 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.
- ^{vii} This amount shall not exceed six (6) times the State minimum hourly wage rate.
- ^{viii} Copying costs may be charged if a copy of a public record is requested, or for the necessary copying of a record for inspection (i.e., to redact exempt information, to protect old or delicate original public records, or because the original public record is a digital file or database not available for public inspection). No more than the actual cost of a sheet of paper will be charged, up to maximum 10 cents per sheet. Whenever feasible, double-sided printing will be utilized.
- ^{ix} The Manistee County Medical Care Facility will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. The Manistee County Medical Care Facility will not charge more for expedited shipping or insurance unless specifically requested by the requestor. The Manistee County Medical Care Facility may charge for the least expensive form of postal delivery confirmation.
- ^x Persons establishing indigence (i.e. affidavit that the individual is receiving specific public assistance, or if not stating facts showing an inability to pay) and nonprofit organizations formally designated by the State of Michigan to carry out activities under Developmental Disabilities Assistance and Bill of Rights Act, Public Law 106-402 or the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-139, are entitled to a discount. If a requestor is ineligible for the discount, the Manistee County Medical Care Facility shall inform the requestor specifically of the reason for ineligibility in its written response.