Hamilton Community Schools

#EachWillThrive

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 Hamilton Community Schools.

Please see page 2 for total estimated fee.

Labor costs shall not be more than the hourly wage of Hamilton Community School'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 15-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 Hamilton Community Schools charges to cover or partially cover the cost of fringe benefits, it will use a 50-percent multiplier to account for those benefits.

1. LABOR COST TO LOCATE

Hourly Wage Charged = $_____. OT Wages (as Stipulated by the Requestor) = $ _____ Total Hourly Charge = $_____. or Hourly Wage with Fringe Benefit Cost = $_____. Total Hourly and Fringe Benefit Charge = $_____.	It is estimated to take [_____] minutes to perform this task. Time is charged in _____ increments.	Subtotal Cost = $_____

2. LABOR COST TO COPY

Hourly Wage Charged = $_____. OT Wages (as Stipulated by the Requestor) = $ _____ Total Hourly Charge = $ _____. or Hourly Wage with Fringe Benefit Cost = $_____. Total Hourly and Fringe Benefit Charge = $_____.	It is estimated to take [_____] minutes to perform this task. Time is charged in _____ increments.	Subtotal Cost = $_____

3. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL

Hourly Wage Charged = $_____. Total Hourly Charge = $_____. or Hourly Wage with Fringe Benefit Cost = $_____. Total Hourly and Fringe Benefit Charge = $_____.	It is estimated to take [_____] minutes to perform this task. Time is charged in _____ increments.	Subtotal Cost = $_____

4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL

Name of contracted person or firm = _____		
Hourly Wage Charged = $_____. or Hourly Wage with Fringe Benefit Cost = $_____.	It is estimated to take [_____] minutes to perform this task. Time is charged in _____ increments.	Subtotal Cost = $_____

5. COPYING (DUPLICATION OR PRINTING) COST

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) = $ _____ *Circle applicable:* Disc / Tape / Drive / Other Digital Medium Cost per Item:	Number of items = _____	Cost = $ _____
		Subtotal Cost = $ _____

6. MAILING COST

	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? Y / N Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? Y / N	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 = ___/___/____.