Freedom of Information Act Request: Detailed Cost Itemization

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

Balance must be paid before records are picked up, delivered, or mailed. The following costs are being charged in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to the Lakeshore Regional Entity's FOIA Policies and Guidelines.

Estimate of Time Frame for Lakeshore Regional Entity to Provide Requested Records: _____ .

If total estimated fees as calculated on Item 9 in the below chart exceed $50.00, a deposit of 50% of such fees should be charged:

Total Estimated Fees: $_____

Deposit: $_____

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1. GENERAL LABOR COSTS (SUM OF SUB-TOTALS 1A AND 1B): $_____

A. For Copying/Duplication:

Calculation of "Applicable Rate" (Either Rate One or Rate Two):

Rate One (No Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
- Charge Per Increment: $_____

Rate Two (Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
  1. Starting Hourly Rate: $_____
  2. Plus: Fringe Benefit Hourly Charge: $_____ (Starting Hourly Rate) x _____% (Fringe Benefit Multiplier)
  3. Equals: Total Hourly Wage Charge: $_____
- Charge Per Increment: $_____

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

Calculation of "Number of Increments":

- Total number of hours and minutes: _____
- Divided by: _____-minute increments
- Equals: _____ (Rounded Down)

Sub-Total (General Labor Costs for Copying/Duplication):

$ _____ ("Applicable Rate") x _____ ("Number of Increments") = $ _____

B. Total of Addendum A (If Applicable) (See Below)

2. GENERAL COPYING COSTS (SUB-TOTAL 2): $_____

Copying/Duplication Cost:	Number of Sheets:	"Costs":
Copying costs may be charged ⬚ 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**	X _____ =	$ _____
• **Legal** (8 ½, x 14-inch, single and double-sided): _____ **cents per sheet**	X _____ =	$ _____
No more than the actual cost of a sheet of paper for other paper sizes:		
• **Other paper sizes** (single and double-sided): _____ **cents I dollars per sheet**	X _____ =	$ _____
Actual and most reasonably economical cost of non-paper physical digital media:	No. of Items:	
• *Circle applicable*: Disc/Tape/Drive/Other Digital Medium **Cost per Item:** _____	X _____ =	$ _____

Sub-Total (General Copying/Duplication Costs):

Sum of "Costs" Column: $ _____

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3. GENERAL MAILING COSTS (SUB-TOTAL 3): $_____

Mailing Cost:	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 (lease expensive) Postal Delivery Confirmation: $_____	X _____ =	$ _____
*Expedited Shipping or Insurance as Requested $_____	X _____ =	$ _____
☐ *Requestor has requested expedited shipping or insurance		

Sub-Total (General Mailing Costs):

Sum of "Costs" Column: $ _____

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4. COSTS SPECIFIC TO RECORDS ALREADY ON LAKESHORE REGIONAL ENTITY'S WEBSITE (SUM OF SUB-TOTALS 4A-C): $_____

A. For Copying/Duplication:

No more than the actual cost of a sheet of paper, up to maximum 10 cents per sheet for:	Number of Sheets:	"Costs":
• Letter (8 ½, x 11-inch, single and double-sided}: _____ cents per sheet	X _____ =	$ _____
• Legal (8 ½, x 14-inch, single and double-sided}: _____ cents per sheet	X _____ =	$ _____
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**	X _____ =	$ _____
Actual and most reasonably economical cost of non-paper physical digital media:	**No. of Items:**	
• *Circle applicable*: Disc/Tape/Drive/Other Digital Medium **Cost per Item:** _____	X _____ =	$ _____
☐ **Requester has stipulated that some / all of the requested records that are already available on the Lakeshore Regional Entity's website be provided in a paper or non-paper physical digital medium.**		

Sub-Total (Costs Specific to Records Already on Lakeshore Regional Entity's Website for Copying/Duplication):

Sum of "Costs" Column: $ _____

B. For Labor Costs for Copying/Duplication:

Calculation of "Applicable Rate" (Either Rate One or Rate Two):

Rate One (No Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
- Charge Per Increment: $_____

Rate Two (Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
  1. Starting Hourly Rate: $_____
  2. Plus: Fringe Benefit Hourly Charge: $_____ (Starting Hourly Rate) x _____% (Fringe Benefit Multiplier)
  3. Equals: Total Hourly Wage Charge: $_____
- Charge Per Increment: $_____

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

Calculation of "Number of Increments":

- Total number of hours and minutes: _____
- Divided by: _____-minute increments
- Equals: _ (Rounded Down)

Sub-Total (Costs Specific to Records Already on Lakeshore Regional Entity's Website for Labor Costs for Copying/Duplication):

$ _____ **("Applicable Rate") x** _____ **("Number of Increments") = $** _____

C. For Mailing

Mailing Costs:	**Number :**	**"Costs":**
Actual Cost of Envelope or Packaging: $_____	X _____ =	$ _____
Actual Cost of Postage: $_____ per stamp/per pound/per package	X _____ =	$ _____
Actual Cost (lease expensive) Postal Delivery Confirmation: $_____	X _____ =	$ _____
*Expedited Shipping or Insurance as Requested $_____	X _____ =	$ _____
☐ *Requestor has requested expedited shipping or insurance		

Sub-Total (Costs Specific to Records Already on Lakeshore Regional Entity's Website for Mailing):

Sum of "Costs" Column: $ _____

5. TOTAL FEES BEFORE DEDUCTIONS (SUM OF ITEMS 1-4): $_____

6. TOTAL DEDUCTIONS (SUM OF SUB-TOTALS 6A-D): $_____

A. Public Interest Deduction

Check the following box if the public interest deduction applies:

☐ Eligible for Public Interest Deduction

"Public Interest Deduction Percentage": _____%

<u>**Sub-Total Public Interest Deduction:**</u>

_____% ("Public Interest Deduction Percentage") x $_____ (Item 5) = $_____

B. Indigence Deduction

Check the following box if indigence discount applies:

☐ Eligible for Indigence Discount

<u>**Sub-Total Indigence Deduction:**</u>

$ 20.00

C. Nonprofit Organization Deduction

Check the following box if nonprofit organization discount applies:

☐ Eligible for Nonprofit Organization Discount

<u>**Sub-Total Non-Profit Organization Deduction:**</u>

$20.00

D. Late Response Labor Costs Deduction

Check the following box if late response labor costs deduction applies:

☐ Eligible for Nonprofit Organization Discount

Calculate "Total Percentage of Late Response Labor Costs Deduction":

1. Number of Days Over Required Response Time: ____
2. Multiply by: 5%
3. Equals: "Total Percentage of Late Response Labor Costs Deduction": ___%

Calculate "Total Labor Costs":

1. Item 1: $_____
2. Plus Sub-Total 4B: $_____
3. Equals: $_____ ("Total Labor Costs")

<u>**Sub-Total Late Response Labor Costs Deduction:**</u>

_____% ("Total Percentage of Late Response Labor Costs Deduction") x $_____ ("Total Labor Costs") = $_____

7. TOTAL FEES DUE (ITEM 5 MINUS ITEM 6): $ _____

The fees in this Addendum 1 are being charged because failure to do so will result in unreasonably high costs to the Lakeshore Regional Entity that are excessive and beyond the normal or usual amount for those services compared to Lakeshore Regional Entity's usual FOIA requests, because of the nature of the request in this particular instance, specifically: _____
_____ .

ADDITIONAL LABOR COSTS

A. For Location:

Calculation of "Applicable Rate" (Either Rate One or Rate Two):

Rate One (No Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
- Charge Per Increment: $_____

Rate Two (Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
    1. Starting Hourly Rate: $_____
    2. Plus: Fringe Benefit Hourly Charge: $_____ (Starting Hourly Rate) x _____% (Fringe Benefit Multiplier)
    3. Equals: Total Hourly Wage Charge: $_____
- Charge Per Increment: $_____

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

Calculation of "Number of Increments":

- Total number of hours and minutes: _____
- Divided by: _____-minute increments
- Equals: _____ (Rounded Down)

Sub-Total (General Labor Costs for Location):

$ _____ ("Applicable Rate") x _____ ("Number of Increments") = $ _____

B. For Employees Separating Exempt from Non-Exempt (Redacting):

Calculation of "Applicable Rate" (Either Rate One or Rate Two):

Rate One (No Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
- Charge Per Increment: $_____

Rate Two (Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
    1. Starting Hourly Rate: $_____
    2. Plus: Fringe Benefit Hourly Charge: $_____ (Starting Hourly Rate) x _____% (Fringe Benefit Multiplier)
    3. Equals: Total Hourly Wage Charge: $_____
- Charge Per Increment: $_____

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

Calculation of "Number of Increments":

- Total number of hours and minutes: _____
- Divided by: _____-minute increments
- Equals: _ (Rounded Down)

Sub-Total (General Labor Costs for Employees Separating Exempt from Non-Exempt (Redacting)):

$ _____ ("Applicable Rate") x _____ ("Number of Increments") = $ _____

C. For Contractors Separating Exempt from Non-Exempt (Redacting):

Name of contracted person or firm: _____.

Calculation of "Applicable Rate" (Either Rate One or Rate Two):

Rate One (No Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
- Charge Per Increment: $_____

Rate Two (Added Cost to Cover Fringe Benefits): ☐
- Hourly Wage Charged: $_____
    1. Starting Hourly Rate: $_____
    2. Plus: Fringe Benefit Hourly Charge: $_____ (Starting Hourly Rate) x _____% (Fringe Benefit Multiplier)
    3. Equals: Total Hourly Wage Charge: $_____
- Charge Per Increment: $_____

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

Calculation of "Number of Increments" (Either Rate One or Rate Two):

- Total number of hours and minutes: _____
- Divided by: _____-minute increments
- Equals: _____ (Rounded Down)

Sub-Total (General Labor Costs for Contractors Separating Exempt from Non-Exempt (Redacting)):

$ _____ ("Applicable Rate") x _____ ("Number of Increments") = $ _____

Total of Addendum A (Sum of Above Items A-C): $ _____