

# Centreville Public Schools

190 Hogan Street • P.O. Box 158 • Centreville, Michigan 49032-0158 • (269) 467-5220

## CENTREVILLE PUBLIC SCHOOLS

### 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 District.

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 Centreville Public Schools because of the nature of the request in this particular instance. Specifically, any request that requires a staff member to locate information from multiple sources and organize and disaggregate it or analyze it into a different format to get the information to the requestor in an acceptable manner.

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

<b>1. LABOR COST TO LOCATE</b>		
Hourly Wage Charged = \$ _____. OT Wages (as Stipulated by the Requestor) = \$ _____. Total Hourly Charge = \$ _____.	It is estimated to take [ ] minutes to perform this task. Time is charged in ____ increments.	<b>Subtotal Cost =</b> \$ _____
or		
Hourly Wage with Fringe Benefit Cost = \$ _____. Total Hourly and Fringe Benefit Charge = \$ _____.		

<b>2. LABOR COST TO COPY</b>		
Hourly Wage Charged = \$ _____. OT Wages (as Stipulated by the Requestor) = \$ _____. Total Hourly Charge = \$ _____.	It is estimated to take [ ] minutes to perform this task. Time is charged in ____ increments.	<b>Subtotal Cost =</b> \$ _____
or		
Hourly Wage with Fringe Benefit Cost = \$ _____. Total Hourly and Fringe Benefit Charge = \$ _____.		

<b>3. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL</b>		
Hourly Wage Charged = \$ _____ Total Hourly Charge = \$ _____	It is estimated to take [ ] minutes to perform this task.	Subtotal Cost = \$ _____
or Hourly Wage with Fringe Benefit Cost = \$ _____ Total Hourly and Fringe Benefit Charge = \$ _____		
	Time is charged in ____ increments.	

<b>4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL</b>		
Name of contracted person or firm = _____		
Hourly Wage Charged = \$ _____	It is estimated to take [ ] minutes to perform this task.	Subtotal Cost = \$ _____
or Hourly Wage with Fringe Benefit Cost = \$ _____		
	Time is charged in ____ increments.	

<b>5. COPYING (DUPLICATION OR PRINTING) COST</b>		
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: Disc / Tape / Drive / Other Digital Medium Cost per Item:</i>	Number of items = _____	Cost = \$ _____
		<b>Subtotal Cost = \$ _____</b>

<b>6. MAILING COST</b>		
	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 = \$ _____
		<b>Subtotal Cost = \$ _____</b>

Affidavit of Indigency Submitted? <u>Y / N</u> Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? <u>Y / N</u>	If Yes, subtract \$20.00	(\$ _____)
<b>TOTAL ESTIMATED FEE = \$ _____</b>		

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 = ____/____/____.