TRI COUNTY AREA 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 Tri County Area Schools.

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 Tri County Area Schools 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 Tri County Area Schools' 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 fifteen (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 Tri County Area 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 = $__11.01____. 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.	**Subtotal Cost = $_____**
or		
Hourly Wage with Fringe Benefit Cost = $_____. Total Hourly and Fringe Benefit Charge = $_____.		

2. LABOR COST TO COPY		
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.	**Subtotal Cost = $_____**
or		
Hourly Wage with Fringe Benefit Cost = $_____. Total Hourly and Fringe Benefit Charge = $_____.		

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

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

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 = ___/___/____.