| PHDM: Keep original and provide copies of both sides of each sheet, along with Public Summary, to Requestor at no charge. | **Public Health, Delta & Menominee Counties**
2920 College Avenue 909 10th Avenue
Escanaba, MI 49829 Menominee, MI 49858
Phone: 906-786-4111 906-863-4451 | **Detailed Cost Itemization** |

Freedom of Information Act Request Detailed Cost Itemization

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

The following costs are being charged / estimated in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to Public Health, Delta & Menominee Counties (PHDM) FOIA Policies and Guidelines.

If PHDM is seeking a 50% deposit prior to providing the public records sought, the estimate is itemized on this form, lines 1-5 below.

If all or a portion of the requested information is available on PHDM's website, PHDM is required to tell you it is available on the website and, where practicable, include a specific webpage address where the information is available. In this case

☐   None

☐   Some

☐   All

of the requested material can be found at the following webpage(s):

_____,

_____,

_____,

If the webpage is all the information you need, it is provided without charge. If, however, you still wish to receive a copy of material from the webpage, please let us know. The FOIA charges will apply if PHDM is required to produce copies of material from the webpage.

☐   **Requestor has stipulated that some / all of the requested records that are <u>already available on PHDM's website</u> but requests they be provided in a paper or non-paper physical digital medium and acknowledges that providing the records in that format shall be subject to PHDM's normal charges outlined below.**

---

1. <u>Labor Cost to Locate:</u>

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. **This fee is being charged because failure to do so will result in unreasonably high costs to PHDM because of the nature of the request in this particular instance, specifically:**_____

_____

PHDM will not charge more than the hourly wage of its lowest-paid employee capable of searching for, locating, and examining the public records in this particular instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged in **15-minute time increments**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____   **Charge per ¼ hour: $_____**

<div align="center"><u>OR</u></div>

Hourly Wage with Fringe Benefit Cost: $<u>12.14</u>
Multiply the hourly wage by the percentage multiplier: **<u>7.65%</u>**
(*up to 50% of the hourly wage*) and add to the
hourly wage for a total per hour rate.   **Charge per ¼ hour: $<u>3.04</u>**

[For records already available on the [Public Agency]'s website that Requestor has requested in a paper or non-paper digital medium, greater than the 50% limitation, not to exceed the actual costs may be used to calculate Fringe Benefit Costs to be added to the hourly wage].

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

To figure the number of increments, take the *number of minutes: ____, divide by 15 -minute increments, and round down. Enter below:*

Number of increments

x _____ =

1. Labor Cost

$_____

---

2. <u>Labor Cost for Copying / Duplication</u>

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.

This shall not be more than the hourly wage of PHDM's lowest-paid employee capable of necessary duplication or publication in this particular instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged in **15-minute time increments as set by the Delta-Menominee District Board of Health** *(for example: 15-minutes or more)*; all partial time increments must be rounded down. *If the number of minutes is less than one increment, there is no charge.*

Hourly Wage Charged: $_____   **Charge per ¼ hour: $_____**

<div align="center"><u>OR</u></div>

Hourly Wage with Fringe Benefit Cost: $<u>12.14</u>
Multiply the hourly wage by the percentage multiplier: **<u>7.65%</u>**
(*up to 50% of the hourly wage*) and add to the
hourly wage for a total per hour rate.

Charge per ¼ hour: $<u>3.04</u>

[For records already available on the [Public Agency]'s website that Requestor has requested in a paper or non-paper digital medium, greater than the 50% limitation, not to exceed the actual costs may be used to calculate Fringe Benefit Costs to be added to the hourly wage].

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

To figure the number of increments, take the *number of minutes: ____, divide by 15 -minute increments, and round down. Enter below:*

Number of increments

x _____ =

2. Labor Cost

$_____

3a. Employee Labor Cost for Separating Exempt from Non-Exempt (Redacting):

(Fill this out if using a PHDM employee. If contracted, use No. 3b instead).

PHDM 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.

This fee is being charged because failure to do so will result in unreasonably high costs to PHDM that are excessive and beyond the normal or usual amount for those services compared to PHDM's usual FOIA requests, because of the nature of the request in this particular instance, specifically:_____
_____
_____

This is the cost of labor of a **PHDM employee**, including necessary review, directly associated with separating and deleting exempt from nonexempt information. This shall not be more than the hourly wage of **PHDM's lowest-paid employee** capable of separating and deleting exempt from nonexempt information in this particular instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged **15-minute time increments**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____ **Charge per ¼ hour: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $19.82
Multiply the hourly wage by the percentage multiplier: **50%**
(*up to 50% of the hourly wage*) and add to the
hourly wage for a total per hour rate. **Charge per ¼ hour: $4.96**

[For records already available on the [Public Agency]'s website that Requestor has requested in a paper or non-paper digital medium, greater than the 50% limitation, not to exceed the actual costs may be used to calculate Fringe Benefit Costs to be added to the hourly wage].

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

To figure the number of increments, take the *number of minutes:*
____, divide by 15 -minute increments, and round down. Enter below:

Number of increments

x _____ =

**3a.
Labor Cost**

$_____

3b. <u>Contracted Labor Cost for Separating Exempt from Non-Exempt (Redacting)</u>: *(Fill this out if using a contractor, such as the attorney. If using in-house employee, use No. 3a instead.)* PHDM 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. **This fee is being charged because failure to do so will result in unreasonably high costs to PHDM that are excessive and beyond the normal or usual amount for those services compared to PHDM's usual FOIA requests, because of the nature of the request in this particular instance, specifically:** _____ _____ _____ As PHDM does not employ a person 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. This shall not exceed an amount equal to 6 times the state minimum hourly wage rate of _____ (*currently $8.15*). **Name of contracted person or firm:** _____ These costs will be estimated and charged in **15-minute time increments** *(must be 15-minutes or more)*; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.* **Hourly Cost Charged: $_____** **Charge per increment: $_____**	To figure the number of increments, take the *number of minutes: ____, divide by 15 -minute increments, and round down to: ___ increments. Enter below:* **Number of increments** **x _____ =**	**3b. Labor Cost** **$_____**

4. <u>Copying / Duplication Cost</u>:
 	
Copying costs may be charged if 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 <u>actual</u> cost of a sheet of paper, <u>up to maximum 10 cents per sheet</u> for:
 	
   • **Letter** (8 ½ x 11-inch, single and double-sided)**: _2 cents per sheet:** PHDM's copy charge for public records will be $0.00 for 1-49 copies; $1.00 for 50 -99 copies; $2.00 for 100-149 copies, etc.
 	
   • **Legal** (8 ½ x 14-inch, single and double-sided)**: _3 cents per sheet**
 	
No more than the <u>actual</u> cost of a sheet of paper for <u>other</u> paper sizes:
 	
   • **Other paper sizes** (single and double-sided)**: _____ cents / dollars per sheet**
 	
<u>**Actual and most reasonably economical** cost of **non-paper physical digital media**</u>:
 	
   • *Circle applicable:* Disc / Tape / Drive / Other Digital Medium   **Cost per Item: _____**
 	
The cost of paper copies **must** be calculated as a total cost per <u>sheet</u> of paper. The fee **cannot exceed** 10 cents per sheet of paper for copies of public records made on 8-1/2- by 11-inch paper or 8-1/2- by 14-inch paper. PHDM **must** <u>utilize the most economical means available for making copies of public records, including using double-sided printing, if cost saving and available</u>.
	Number of Sheets:
	
	x _____ =
	
	x _____ =
	
	x _____ =
	
	No. of Items:
	
	x _____ =
		Costs:
		
		$_____
		
		$_____
		
		$_____
		
		$_____
		
		4. Total Copy Cost
		
		$_____

5. Mailing Cost:

PHDM will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. Delivery confirmation is not required.

- PHDM *may* charge for the least expensive form of postal delivery confirmation.

- PHDM *cannot* charge more for expedited shipping or insurance unless specifically requested by the requestor.*

	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 (least expensive) Postal Delivery Confirmation: $_____	x _____ =	$_____
*Expedited Shipping or Insurance as Requested: $_____	x _____ =	$_____

☐ * Requestor has requested expedited shipping or insurance

5. Total Mailing Cost

$_____

Subtotal Fees Before Waivers, Discounts or Deposits:

Estimated Time Frame to Provide Records:

_____ (*days or date*)

The time frame estimate is nonbinding upon PHDM, but PHDM is providing the estimate in good faith. Providing an estimated time frame does not relieve PHDM from any of the other requirements of this act.

☐ Cost estimate
☐ Bill

1. Labor Cost to Locate:	$_____
2. Labor Cost for Copying:	$_____
3a. Labor Cost to Redact:	$_____
3b. Contract Labor Cost to Redact:	$_____
4. Copying/Duplication Cost:	$_____
5. Mailing Cost:	$_____
Subtotal Fees:	$_____

Waiver: Public Interest

A search for a public record may be conducted or copies of public records may be furnished without charge or at a reduced charge if PHDM determines that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public record can be considered as primarily benefiting the general public.

☐ **All fees are waived**   **OR**   ☐ **All fees are reduced by: _____%**

Subtotal Fees After Waiver:

$_____

Discount: <u>Indigence</u>
A public record search **must** be made and a copy of a public record **must** be furnished **without charge for the first $20.00 of the fee** for each request by an individual who is entitled to information under this act and who:
 	
1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance, **OR**
 	
2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigence.
 	
If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if **ANY** of the following apply:
 	
    (i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year, **OR**
 	
    (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration.
 	
    ☐ **Eligible for Indigence Discount**
	Subtotal Fees After Discount (subtract $20):	$_____

Discount: <u>Nonprofit Organization</u>
A public record search **must** be made and a copy of a public record **must** be furnished **without charge for the first $20.00 of the fee** for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the federal Protection and Advocacy for Individuals with Mental Illness Act, if the request meets **ALL** of the following requirements:
    (i) Is made directly on behalf of the organization or its clients.
 	
    (ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Michigan Mental Health Code, 1974 PA 258, MCL 330.1931.
 	
    (iii) Is accompanied by documentation of its designation by the state, if requested by PHDM.
 	
    ☐ **Eligible for Nonprofit Discount**
	Subtotal Fees After Discount (subtract $20):	$_____

Deposit: <u>Good Faith</u> PHDM may require a good-faith deposit <u>before providing the public records to the Requestor</u> **if the entire fee estimate or charge authorized under this section exceeds $50.00**, based on a good-faith calculation of the total fee. The deposit cannot exceed 1/2 of the total estimated fee. **Percent of Deposit: _____%**	**Date Paid:** _____	**Deposit Amount Required:** $_____

Deposit: <u>Increased Deposit Due to Previous FOIA Fees Not Paid In Full</u>
 	
After PHDM has granted and fulfilled a written request from an individual under this Act, if PHDM has not been paid in full the total amount of fees for the copies of public records that PHDM made available to the individual as a result of that written request, **PHDM may require an increased estimated fee deposit of up to 100% of the estimated fee <u>before it begins a full public record search</u> for any subsequent written request from that individual** if **ALL** of the following apply:
 	
    (a) The final fee for the prior written request was not more than 105% of the estimated fee.
    (b) The public records made available contained the information being sought in the prior written request and are still in PHDM's possession.
    (c) The public records were made available to the individual, subject to payment, within the best effort estimated time frame given for the previous request.
    (d) Ninety (90) days have passed since PHDM notified the individual in writing that the public records were available for pickup or mailing.
    (e) The individual is unable to show proof of prior payment to PHDM.
    (f) PHDM calculates a detailed itemization, as required under MCL 15.234, that is the basis for the current written request's increased estimated fee deposit.
 	
PHDM **can no longer require an increased estimated fee deposit** from an individual if **ANY** of the following apply:
 	
    (a) The individual is able to show proof of prior payment in full to PHDM **OR**
    (b) PHDM is subsequently paid in full for the applicable prior written request, **OR**
    (c) Three hundred sixty-five (365) days have passed since the individual made the written request for which full payment was not remitted to PHDM
	Date Paid:
	
	_____
		Percent Deposit Required:
		
		_____%
		
		Deposit Required:
		
		$_____

14. <u>Late Response Labor Costs Reduction</u> If PHDM does not respond to a written request in a timely manner as required under MCL 15.235(2), PHDM **must** do the following: (a) **Reduce the charges for labor costs** otherwise permitted by 5% for each day PHDM exceeds the time permitted for a response to the request, **with a maximum 50% reduction**.	**Number of Days Over Required Response Time:** _____ **Multiply by 5%** **= Total Percent Reduction:** _____	**Total Labor Costs** $_____ **Minus Reduction** $_____ **= Reduced Total Labor Costs** $_____
15. <u>Balance Due</u> (Deduct amount on Line 14 from amount on Line 13c)	**Date Paid_____**	**Total Balance Due:** $_____

The Public Summary of PHDM's FOIA Procedures and Guidelines is available free of charge from:
    Website: www.phdm.org   Email: kgustafson@phdm.org
    Phone: 906-7864111   Address: 2920 College Avenue, Escanaba, MI 49829
Request Will Be Processed, But <u>Balance Must Be Paid Before</u> Copies May Be Picked Up, Delivered or Mailed