Keep original and provide copies of both sides of each sheet, to requestor at no charge.

District Health Department No. 4
100 Woods Circle, Suite 200.
Alpena, MI 49707
Phone: 989-356-4507

Freedom of Information Act Request Detailed Cost Itemization

Date: _____ Prepared for: _____ Date Request Received: _____

The following costs are being charged in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to District Health Department No. 4 FOIA Policies and Guidelines.		
1. Labor Cost for Copying / Duplication 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 District Health Department No. 4's lowest-paid employee capable of necessary duplication or publication in this instance, regardless of whether that person is available or who performs the labor. These costs will be estimated and charged in **15 -minute time increments** as set by the District Health Department No. 4 Board of Commissioners; 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 increment: $**_____ **OR** **Hourly Wage with Fringe Benefit Cost: $**_____ **OR** Multiply the hourly wage by the percentage multiplier:_____**%** (*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $**_____ Overtime rate charged as stipulated by Requestor *(overtime is not used to calculate the fringe benefit cost)*	To figure the number of increments, take the *number of minutes:* ____, *divide by* _____*-minute increments, and round down. Enter below:* **Number of increments** **x**_____**=**	**1. Labor Cost** **$**_____

2. Labor Cost to Locate:

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 District Health Department No.4 that are excessive and beyond the normal or usual amount for those services compared to District Health Department No. 4's usual FOIA requests, because of the nature of the request in this instance, specifically:____**

_____

_____

District Health Department No. 4 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 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** *(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 Wage Charged: $_____ **Charge per increment: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier:_____**%**
(*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $_____**

☐ 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* _____*-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 District Health Department No. 4 employee. If contracted, use No. 3b instead).

District Health Department No. 4 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 District Health Department No. 4 that are excessive and beyond the normal or usual amount for those services compared to District Health Department No. 4's usual FOIA requests, because of the nature of the request in this instance, specifically:_____

_____

_____

This is the cost of labor of a **District Health Department No. 4 employee**, including necessary review, directly associated with separating and deleting exempt from nonexempt information. This shall not be more than the hourly wage of District Health Department No. 4's **lowest-paid employee** capable of separating and deleting exempt from nonexempt information in this instance, regardless of whether that person is available or who performs the labor.

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 Wage Charged: $_____ **Charge per increment: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier:_____**%**
(*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $_____**

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

Number of increments

x_____=

3a. Labor Cost

$_____

3b. Contracted Labor Cost for Separating Exempt from Non-Exempt (Redacting):

(Fill this out if using a contractor, such as the attorney. If using an in-house employee, use No. 3a instead.)

District Health Department No. 4 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 District Health Department No. 4 that are excessive and beyond the normal or usual amount for those services compared to District Health Department No. 4's usual FOIA requests, because of the nature of the request in this instance, specifically:_____

_____

_____

As District Health Department No. 4 does not employ a person capable of separating exempt from non-exempt information in this 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_____**-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* _____ *-minute increments, and round down to:* ____ *increments. Enter below:*

Number of increments

x_____**=**

3b. Labor Cost

$_____

4. Copying / Duplication Cost:

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 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)**: 10 cents per sheet**
- **Legal** (8 ½ x 14-inch, single and double-sided)**: 10 cents per sheet**

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**

Actual and most reasonably economical cost of non-paper physical digital media:

- ***Circle applicable:*** Disc / Tape / Drive / Other Digital Medium **Cost per Item:** _____

The cost of paper copies **must** be calculated as the total cost per sheet 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-paper. District Health Department No. 4 **must** utilize the most economical means available for making copies of public records, including using double-sided printing, if cost saving and available.

Number of Sheets:

x_____**=**

x_____**=**

x_____**=**

No. of Items:

x_____**=**

Costs:

$_____

$_____

$_____

$_____

4. Total Copy Cost

$_____

5. Mailing Cost:

District Health Department No. 4 will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. Delivery confirmation is not required.

- District Health Department No. 4 ***may*** charge for the least expensive form of postal delivery confirmation.
- District Health Department No. 4 ***cannot*** charge more for expedited shipping or insurance unless specifically requested by the requestor. *

Actual Cost of Envelope or Packaging: $_____

Actual Cost of Postage: $_____per stamp
$_____per pound
$_____per package

Actual Cost (least expensive) Postal Delivery Confirmation: $_____

***Expedited Shipping or Insurance as Requested: $**_____

☐ * Requestor has requested expedited shipping or insurance

Number of Envelopes or Packages:	Costs:
x_____=	$_____
x_____=	$_____
x_____=	$_____
x_____=	$_____
x_____=	$_____
x_____=	$_____

5. Total Mailing Cost

$_____

6a. Copying/Duplicating Cost for Records Already on District Health Department No. 4 Website:

If the public body has included the website address for a record in its written response to the requestor, and the requestor thereafter stipulates that the public record be provided to him or her in a paper format or non-paper physical digital media, District Health Department No. 4 will provide the public records in the specified format and may charge copying costs to provide those copies.

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)**: 10 cents per sheet**
- **Legal** (8 ½ x 14-inch, single and double-sided)**: 10 cents per sheet**

No more than the actual cost of a sheet of paper for other paper sizes:

- **Other paper sizes** (single and double-sided)**: 10 cents per sheet**

Actual and most reasonably economical cost of non-paper physical digital media:

- ***Circle applicable:*** Disc / Tape / Drive / Other Digital Medium **Cost per Item:** _____

☐ **Requestor has stipulated that some / all of the requested records that are already available on District Health Department No. 4 website be provided in a paper or non-paper physical digital medium.**

Number of Sheets:	Costs:
x_____=	$_____
x_____=	$_____
x_____=	$_____
No. of Items:	
x_____=	$_____

6a. Web Copy Cost

$_____

6b. Labor Cost for Copying/Duplicating Records Already on District Health Department No. 4 Website:

This shall not be more than the hourly wage of District Health Department No. 4'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** *(i.e.: 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 Wage Charged: $_____ **Charge per increment: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier:_____**%**
and add to the hourly wage for a total per hour rate. **Charge per increment: $_____**

District Health Department No. 4 may use a fringe benefit multiplier greater than the 50% limitation, not to exceed the actual costs of providing the information in the specified format.

☐ Overtime rate charged as stipulated by Requestor

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

Number of increments

x_____=

6b. Web Labor Cost

$_____

6c. Mailing Cost for Records Already on District Health Department No. 4 Website:

Number:

Costs:

Actual Cost of Envelope or Packaging: $_____ **x_____=** **$_____**

Actual Cost of Postage: $_____per stamp / per pound / per package **x_____=** **$_____**

Actual Cost (least expensive) Postal Delivery Confirmation: $_____** **x_____=** **$_____

***Expedited Shipping or Insurance as Requested: $_____** **x_____=** **$_____**

☐ * Requestor has requested expedited shipping or insurance

6c. Web Mailing Cost

$_____

Subtotal Fees Before Waivers, Discounts or Deposits:

☐ Cost estimate
☐ Bill

Estimated Time Frame to Provide Records:

_____(*Days or date*)

The time frame estimate is nonbinding upon District Health Department No. 4, but District Health Department No. 4 is providing the estimate in good faith. Providing an estimated time frame does not relieve District Health Department No. 4 from any of the other requirements of this act.

1. Labor Cost for Copying:	**$_____**
2. Labor Cost to Locate:	**$_____**
3a. Labor Cost to Redact:	**$_____**
3b. Contract Labor Cost to Redact:	**$_____**
4. Copying/Duplication Cost:	**$_____**
5. Mailing Cost:	**$_____**
6a. Copying/Duplication of Records on Website:	**$_____**
6b. Labor Cost for Copying Records on Website:	**$_____**
6c. Mailing Costs for Records on Website:	**$_____**
Subtotal Fees:	**$_____**

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 District Health Department No. 4 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: Indigence 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: Nonprofit Organization 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 District Health Department No. 4. ☐ **Eligible for Nonprofit Discount**	**Subtotal Fees After Discount (subtract $20):**	**$**_____
Deposit: Good Faith District Health Department No. 4 may require a good-faith deposit before providing the public records to the requestor **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: Increased Deposit Due to Previous FOIA Fees Not Paid in Full

After District Health Department No. 4 has granted and fulfilled a written request from an individual under this act, not been paid in full the total amount of fees for the copies of public records that District Health Department No. 4 made available to the individual because of that written request**, District Health Department No. 4 may require deposit of up to 100% of the estimated fee before it begins a full public record search 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 District Health Department No. 4'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 District Health Department No. 4's notified the individual in records were available for pickup or mailing.
(e) The individual is unable to show proof of prior payment to District Health Department No. 4.
(f) District Health Department No. 4 calculates a detailed itemization, as required under MCL 15.234, that is the basis for the current written request's increased estimated fee deposit.

District Health Department No. 4 **cannot require an increased estimated fee deposit** from an individual if **ANY** of the following apply:

(a) The individual can show proof of prior payment in full to the District Health Department No. 4, **OR**
(b) District Health Department No. 4 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 District Health Department No. 4.

Date Paid: _____

Percent Deposit Required: _____%

Deposit Required: $_____

Late Response Labor Costs Reduction

If District Health Department No. 4 does not respond to a written request in a timely manner as required under MCL 15.235(2), District Health Department No. 4 **must** do the following:

(a) **Reduce the charges for labor costs** otherwise permitted by 5% for each day District Health Department No. 4 exceeds the time permitted for a response to the request, **with a maximum 50% reduction**, if **EITHER** of the following applies:

(i) The late response was willful and intentional, **OR**
(ii) The written request included language that conveyed a request for information within the first 250 words of the body of a letter, facsimile, electronic mail, or electronic mail attachment, or specifically included the words, characters, or abbreviations for "freedom of information," "information," "FOIA," "copy", or a recognizable misspelling of such, or appropriate legal code reference for this act, on the front of an envelope, or in the subject line of an electronic mail, letter, or facsimile cover page.

Number of Days Over Required Response Time: _____

Multiply by 5%

= Total Percent Reduction: _____

Total Labor Costs $_____

Minus Reduction $_____

= Reduced Total Labor Costs $_____

The Public Summary of District Health Department No. 4's FOIA Procedures and Guidelines is available free of charge from:
Website: www.dhd4.org
Email: D4administration@dhd4.org
Phone: 1-989-356-4507
Address: 100 Woods Circle, Suite 200, Alpena, MI 49707

Request Will Be Processed,
But Balance Must Be Paid Before Copies May Be Picked Up, Delivered or Mailed

Date Paid: _____

Total Balance Due: $_____