

**Attachment C:**  
 Benzie County Central Schools  
**FOIA DETAILED ITEMIZATION FEE AMOUNTS FORM**

|  |                                  |
|--|----------------------------------|
| Requestor's Name _____   | Date on Request _____            |
| <input type="checkbox"/> Hand-Delivered <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other _____ | Date Received <sup>1</sup> _____ |

|                     |      |                  |
|---------------------|------|------------------|
| _____ Estimated Fee | -or- | _____ Actual Fee |
|---------------------|------|------------------|

|  |
|--|
| Record available on website but copy nonetheless requested: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| <b>Labor Costs</b>  |  |                               |                            |  |              |
|---|--|-------------------------------|----------------------------|--|--------------|
| Item Description <sup>2</sup>   | Hourly Rate <sup>3</sup>   | Fringe Benefit % <sup>4</sup> | Overtime Rate <sup>5</sup> | No. of 15 minute increments <sup>6</sup>             | Total Charge |
| Searching/Locating/Examining Records  | Employee Hourly wage <sup>7</sup> _____ x  | 1. _____ +/- =                | \$ _____ =                 | \$ _____ / 4 =<br>\$ _____ x _____<br>(increments) = | \$ _____     |
| Separating and Deleting Exempt from Nonexempt Information/Records   | <input type="checkbox"/> Employee Hourly wage _____ x  | 1. _____ +/- =                | \$ _____ =                 | \$ _____ / 4 =<br>\$ _____ x _____<br>(increments) = | \$ _____     |
|   | OR   |                               |                            |  |              |
|   | <input type="checkbox"/> Contracted Labor Costs _____ x<br><br>(Not to exceed 6x State minimum wage) |                               |                            | \$ _____ / 4 =<br>\$ _____ x _____<br>(increments) = | \$ _____     |
| Duplicating or Publishing Records <sup>8</sup>  | Employee Hourly wage _____ x   | 1. _____ +/- =                | \$ _____ =                 | \$ _____ / 4 =<br>\$ _____ x _____<br>(increments) = | \$ _____     |
| Name of person or firm engaged under contract to separate and delete exempt from nonexempt information/records, if applicable:<br>_____ |  |                               |                            | <b>Subtotal Labor Costs =</b><br>\$ _____            |              |

| <b>Copying Cost for Paper Copies<sup>9</sup></b>   |   |   |  |                               |  |   |
|--|---|---|--|-------------------------------|--|---|
| Letter (8½" x 11")<br>paper at \$0.____ each <sup>10</sup>   | Legal (8½"x 14")<br>paper at \$0.____ each  | Size _____<br>paper at \$0.____ each        | Size _____<br>paper at \$0.____ each   | <b>Total Charge</b>           |  |   |
| No. of Sheets ____ x<br>\$0.____ = \$ _____  | No. of Sheets ____ x<br>\$0.____ = \$ _____ | No. of Sheets ____ x<br>\$0.____ = \$ _____ | No. of Sheets ____ x<br>\$0.____ = \$ _____                                  | \$ _____                      |  |   |
| <b>Postal Delivery Charges</b>   |   |   |  |                               |  |   |
| Cost of Packaging  | Postage Cost                                | Cost of Delivery Confirmation               | Special Shipping Cost  | Insurance Cost                | Overnight/<br>Special Request  | Total Charge  |
| \$ _____   | \$ _____                                    | \$ _____                                    | \$ _____   | \$ _____                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Cost \$ _____ | \$ _____  |
| <b>Non-Paper Physical Media</b>  |   |   |  |                               |  |   |
| USB Flash Drives   | Computer Discs                              | Other Digital Media<br>_____                | Other/ Special Requested?  | Total Charge                  |  |   |
| \$ ____ x number used<br>____ = \$ _____   | \$ ____ x number used<br>____ = \$ _____    | \$ ____ x number used<br>____ = \$ _____    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Cost \$ _____ | \$ _____                      |  |   |
| <b>Discounts</b><br>Qualified for \$20 Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, subtract \$20.00.<br><input type="checkbox"/> Indigence (maximum of 2 discounts per calendar year)<br><input type="checkbox"/> State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts)<br>Qualified for Waiver or Reduction as primary and benefiting the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, insert amount of waiver or reduction. \$ _____ |   |   |  | (\$ _____)                    |  |   |
| <b>TOTAL FEE = \$ _____</b>  |   |   |  |                               |  |   |
| If estimated fee is over \$50.00, Benzie Central shall charge a good faith deposit of 50 % of the estimated fee.   |   |   |  | Amount of Deposit<br>\$ _____ | Estimated Date Available<br>_____  | Paid?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| If a good faith deposit is paid, subtract the amount of the good-faith deposit received.   |   |   |  | (\$ _____)                    |  |   |
| Reduction for untimely response by Benzie Central? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, subtract 5% of labor costs x ____ days late [up to a maximum 50% reduction of labor costs] = _____ reduction.   |   |   |  | (\$ _____)                    |  |   |
| Diverted to Spam/Junk Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicate date and time delivered to Spam/Junk Mail [_____, 20__ at ___ am/pm] and date and time discovered in Spam/Junk Mail [_____, 20__ at ___ am/pm]. <sup>11</sup>   |   |   |  |                               |  |   |
| <b>TOTAL DUE= \$ _____</b>   |   |   |  |                               |  |   |

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<sup>1</sup>A FOIA request is received on the date that it is hand-delivered, or that U.S. Mail is delivered, to Benzie Central. A FOIA request is treated as received on the next business day if sent via facsimile, email or other electronic transmission; provided, however, the special rules apply to an email re-directed to a SPAM or trash account.

<sup>2</sup> A fee shall not be charged to search, locate, examine, review or delete/separate/redact exempt from nonexempt information unless failure to charge would result in unnecessarily high costs to Benzie Central.

<sup>3</sup> The hourly rate shall not be more than the hourly wage of the lowest-paid staff member capable of performing the labor in the particular instance.

<sup>4</sup> Benzie Central will add up to 50% to the applicable labor charge amount to cover or partially cover the cost of fringe benefits. 100% of fringe benefit costs will be added to the applicable labor charge if a requestor stipulates that records available on Benzie Central's website nonetheless are requested to be provided in a paper format or in a specific form of electronic media. Under no circumstances shall Benzie Central charge more than the actual cost of fringe benefits.

<sup>5</sup> Overtime rates shall not be included in the calculation of labor costs unless overtime is specifically requested by the requestor and agreed upon by Benzie Central.

<sup>6</sup> In general, labor cost shall be estimated and charged in increments of 15 minutes, with all partial time increments rounded down. (See note 8 for exception.) Divide the resulting hourly wage(s) by four to determine the charge per 15 minute increment.

<sup>7</sup> If more than one employee is completing any task, use additional cost itemization forms to note each employee's hourly wage, fringe benefits, and time separately.

<sup>8</sup> Labor costs for duplicating or publishing records may be estimated and charged in time increments of Benzie Central choosing, with all partial time increments rounded down. Benzie Central has determined to charge labor costs for duplicating or publishing records in 15 minute increments.

<sup>9</sup> Benzie Central shall utilize the most economical means available for making copies, including using double-sided printing.

<sup>10</sup> The fee shall not exceed 10 cents per sheet of paper (one-sided or two-sided) for copies made on "8½ x 11" or "8½ x 14" sheets of paper.

<sup>11</sup> If a written request is sent by electronic mail and delivered to the public body's spam or junk-mail folder, the request is not received until 1 day after the public body first becomes aware of the written request. The public body shall note in its records both the time a written request is delivered to its spam or junk-mail folder and the time the public body first becomes aware of that request.