

NorthCare Network:
Keep original and provide
copy of both sides, along
with Public Summary, to
Requestor at no charge.

NorthCare Network
1230 Wilson Street, Marquette MI 49855
Phone: (906) 225-7254 Fax: (906) 232-1070

Detailed Cost
Itemization

Freedom of Information Act Request Detailed Cost Itemization

Date: _____ Prepared for: _____ 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, per NorthCare Network's FOIA Policies and Guidelines.

If NorthCare Network is seeking a 50% deposit prior to providing the public records sought, the estimate is itemized in this detailed cost form.

50% Deposit Requested

No Deposit Requested

Total Deposit Requested: _____

If all or a portion of the requested information is available on NorthCare Network's website, NorthCare Network 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: www.northcarenetwork.org

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 NorthCare Network is required to produce copies of material from the webpage.

Requestor has stipulated that some or all of the requested records that are already available on NorthCare Network's website 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 NorthCare Network's normal charges outlined below.

1. Labor Costs to Search, Location and Examination of Records:

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 NorthCare Network because of the nature of the request in this particular instance, specifically: _____

NorthCare Network 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.

Enter the hourly wage of lowest paid employee capable of performing the search, location and examination
\$ _____ per hour

Multiply the wage by the fringe benefit multiplier (maximum of 50% of the hourly wage); OR, if the requested information is available online and the requestor request the documents to be provided in another format, the fringe benefit multiplier may exceed 50% (not to exceed actual cost)
_____ %

Multiply the hourly wage times the fringe benefit multiplier
\$ _____ x 1. _____ = \$ _____

If stipulated by the requestor, add the hourly overtime wage increment (but do not include in the calculation of fringe benefit costs)
\$ _____ + _____ = \$ _____

Divide the resulting hourly wage by four (4) to determine the charge per fifteen (15) minute increment
\$ _____ / 4 = \$ _____

Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate
_____ x \$ _____ = _____

1. Total Labor Cost \$ _____

2. 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 NorthCare Network'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.

Enter the hourly wage of lowest paid employee capable of performing the search, location and examination
\$ _____ per hour

Multiply the wage by the fringe benefit multiplier (maximum of 50% of the hourly wage); OR, if the requested information is available online and the requestor request the documents to be provided in another format, the fringe benefit multiplier may exceed 50% (not to exceed actual cost)
_____ %

Multiply the hourly wage times the fringe benefit multiplier
\$ _____ x 1. _____ = \$ _____

If stipulated by the requestor, add the hourly overtime wage increment (but do not include in the calculation of fringe benefit costs)
\$ _____ + _____ = \$ _____

Divide the resulting hourly wage by four (4) to determine the charge per fifteen (15) minute increment
\$ _____ / 4 = \$ _____

Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate
_____ x \$ _____ = _____

2. Total Labor Cost \$ _____

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

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

NorthCare Network 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 NorthCare Network that are excessive and beyond the normal or usual amount for those services compared to NorthCare Network's usual FOIA requests, because of the nature of the request in this particular instance, specifically: _____

This is the cost of labor of a NorthCare Network employee, including necessary review, directly associated with separating and deleting exempt from nonexempt information. This shall not be more than the hourly wage of the NorthCare Network'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.

Enter the hourly wage of lowest paid employee capable of performing the search, location and examination:

\$ _____ per hour

Multiply the wage by the fringe benefit multiplier (maximum of 50% of the hourly wage); OR, if the requested information is available online and the requestor request the documents to be provided in another format, the fringe benefit multiplier may exceed 50% (not to exceed actual cost)

_____ %

Multiply the hourly wage times the fringe benefit multiplier

\$ _____ x 1. _____ = \$ _____

If stipulated by the requestor, add the hourly overtime wage increment (but do not include in the calculation of fringe benefit costs)

\$ _____ + _____ = \$ _____

Divide the resulting hourly wage by four (4) to determine the charge per fifteen (15) minute increment

\$ _____ / 4 = \$ _____

Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate

_____ 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 in-house employee, use No. 3a instead.)

NorthCare Network 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 NorthCare Network that are excessive and beyond the normal or usual amount for those services compared to NorthCare Network's usual FOIA requests, because of the nature of the request in this particular instance, specifically: _____

As NorthCare Network 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.

Name of contracted person or firm: _____

Enter the hourly rate charged by the contractor (may not exceed six (6) times the State minimum wage \$ _____ per hour

Divide the hourly rate by four (4) to determine the charge per fifteen (15) minute increment

\$ _____ / 4 = \$ _____

Number of 15 minute increments (partial time increments must be rounded down) multiplied by the permitted rate

_____ 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).

The cost of paper copies must be calculated as a 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-inch paper. NorthCare Network must utilize the most economical means available for making copies of public records, including using double-sided printing, if cost saving and available.

No more than the actual cost of a sheet of paper, up to maximum 10 cents per sheet for:

- Letter (8 1/2 x 11-inch, single and double-sided): _____ cents per sheet x _____ number of sheets = \$ _____
- Legal (8 1/2 x 14-inch, single and double-sided): _____ cents per sheet x _____ number of sheets = \$ _____

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 x _____ number of sheets = \$ _____

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

- Flash Drive Disc Other Digital Medium

- Cost per Item: _____ x _____ number used = \$ _____

4. Total Copy Cost \$ _____

5. Mailing Cost:

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

- The NorthCare Network *may* charge for the least expensive form of postal delivery confirmation.
- The NorthCare Network *cannot* charge more for expedited shipping or insurance unless specifically requested by the requestor.
 - Requestor has requested expedited shipping or insurance*

Actual Total Cost of Envelope(s) or Package(s): \$ _____

Actual Total Cost of Postage: \$ _____

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

*Expedited Shipping or Insurance as Requested: \$ _____

5. Total Mailing Cost \$ _____

Subtotal Fees:

- Add Lines 1-5 together for total fee cost before waivers, discounts or deposits

Subtotal of Costs \$ _____

6. Waiver, Discounts:

- **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 NorthCare Network 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.
- **Indigence or Non-Profit Organization Discount:** 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 as described in NorthCare Network’s FOIA procedures and guidelines.
- **Late Response Labor Cost Reduction:** If NorthCare Network does not respond to a written request in a timely manner as required under MCHL, 15.235(2), 5% of fee = \$ _____ x _____ days late = _____ Reduction (Maximum Reduction is 50%)

Amount Waived for Public Interest: \$ _____

Amount Waived for Indigence or Non-Profit Organization: \$ _____

Amount Waived for Late Response Labor Cost Reduction: \$ _____

6. Total Waiver/Discount Amount to Subtract from Subtotal Cost: \$ _____

7. Deposit:

- **Good Faith:** NorthCare Network 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.
- **Increased Deposit Due to Previous FOIA Fees Not Paid in Full:** If NorthCare Network has not been paid in full for a prior fulfilled request from an individual, NorthCare Network may require an increased deposit of up to 100% of the estimated fee as described in NorthCare Network’s FOIA Procedures and Guidelines.

7a. Total Deposit Required: \$ _____

Deposit Received on (date): _____

8. Balance Due

Subtotal of Costs:	\$ _____
Subtract Waiver/Discount	- \$ _____
Subtract Deposit	- \$ _____

8. Balance Due: \$ _____

The Public Summary of the NorthCare Network’s FOIA Procedures and Guidelines is available free of charge at www.northcarenetwork.org