GRAND RAPIDS PUBLIC SCHOOLS FREEDOM OF INFORMATION ACT FEE ITEMIZATION FORM

Pursuant to Section 4 of the Michigan Freedom of Information Act (FOIA), the following costs will be charged for responses to FOIA requests, pursuant to the FOIA Fee Schedule adopted and periodically revised by the Grand Rapids Public Schools.

Labor costs will be estimated and aborated in 15		Il partial tima ingrama
Labor costs will be estimated and charged in 15 added down. No overtime will be charged unless		
15 minutes, there will be no charge. If the Gra		
he cost of fringe benefits, it will use a 50-percen		
1. LABOR COST TO LOCATE	<u> </u>	
Hourly Wage Charged = \$		
OT Wages (as stipulated) = $\$$		
Total Hourly Charge = \$		
· -		
or	Estimated Time =	
Hourly Wage with Fringe Benefit Cost =		= \$
\$		
Total Hourly and Fringe Benefit Charge =		
\$		
2. LABOR COST TO COPY		
Hourly Wage Charged = \$		
OT Wages (as stipulated) = \$		
Total Hourly Charge = \$		
or	Estimated Time =	
Hourly Wage with Fringe Benefit Cost =		= \$
\$ Total Handy and Evines Benefit Change		
Total Hourly and Fringe Benefit Charge = \$		
Ψ•		
3. EMPLOYEE LABOR COST TO SEE	PARATE EXEMPT FROM	M
NON-EXEMPT MATERIAL		
Hourly Wage Charged = \$		
, <u>,</u> .		
	Estimated Time =	Subtotal Cost
or		

4. CONTRACTED LABOR COST TO NON-EXEMPT MATERIAL	SEPARATE EXEMPT FROM			
Name of contracted person or firm =				
Hourly Wage Charged = \$				
or	Estimated Time =	Subtotal Cost		cost
Hourly Wage with Fringe Benefit Cost = \$		= \$_		_
5. COPYING (DUPLICATION OR PR	INTING) COST			
Letter (8 1/2 x 11-inch, single- or double-sided): 6 cents per sheet	Number of sheets =	Cost	=	\$
Legal (8 1/2 x 14-inch, single- or double-sided): 6 cents per sheet	Number of sheets =	Cost	=	\$
Other paper sizes (single- or double-sided): 6 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	=	\$
	Subtota	l 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	<u> </u>	\$
Expedited Shipping or Insurance, if requested		Cost =	- \$	

Subtotal Cost = \$

Affidavit of Indigency Submitted? Y / N	If Yes, subtract \$20.00	(\$)	
Qualified Non-Profit Organization per Section			
$4(2)(f)(2)(b)$ of the FOIA? $\underline{Y / N}$			
	TOTAL ESTIMATED FEE = \$		
If the estimated cost exceeds \$50.00, a good	50% Deposit = \$	Date Paid =	
faith deposit of 50% is required before the			
request will be processed.			
The balance of the cost must be paid prior to	Balance Due = \$	Date Paid =	
the District disclosing the requested			
documents.			