

Attachment C
Standard Form for Detailed Itemization of Fee Amounts

Sparta Area Schools
FOIA Fee Itemization Form

Requestor's Name _____ Date on Request _____
 Hand-Delivered U.S. Mail Email Fax Other _____ Date Receivedⁱ _____

Estimated Fee _____ -Or- Actual Fee _____
 Record available on website but copy nonetheless requested Yes No

Labor Costsⁱⁱ

Hourly Rate ⁱⁱⁱ	Fringe Benefit % ^{iv}	Overtime Rate ^v	No. of 15 minute increments ^{vi}	Total Charge
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Searching/Locating/ Examining Records

Employee Hourly wage ^{vii} _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments =	\$ _____
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Separating and Deleting Exempt from Nonexempt Information/Records

<input type="checkbox"/> Employee Hourly Wage _____ x				
Or			\$ _____ / 4 =	
<input type="checkbox"/> Contracted Labor Costs _____ x (Not to exceed 6x State minimum wage)	1. _____ +/-	\$ _____ =	\$ _____ x _____ (increments) =	\$ _____

Duplicating or Publishing Records^{viii}

Employee Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
			Subtotal Labor Cost =	\$ _____

Name of person or firm engaged under contract to separate and delete exempt from nonexempt information/records, if applicable: _____

Copying Cost for Paper Copies^{ix}

Letter (8½" x 11") paper at \$0.____ each ^x	Legal (8½" x 14") paper at \$0.____ each	Size _____ paper at \$0.____ each	Size _____ paper at \$0.____ each	Total Charge
No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	\$_____

Postal Delivery Charges

Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Overnight/ Special Request	Total Charge
\$_____	\$_____	\$_____	\$_____	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____	\$_____

Non-Paper Physical Media

USB Flash Drives	Computer Discs	Other Digital Media _____	Other/ Special Requested?	Total Charge
\$ ____ x number used _____ = \$ _____	\$ ____ x number used _____ = \$ _____	\$ ____ x number used _____ = \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$_____	\$_____

Discounts

Qualified for \$20 Discount? Yes No. If yes, subtract \$20.00.
 Indigence (maximum of 2 discounts per calendar year)
 State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts)
 Qualified for Waiver or Reduction as primary and benefiting the general public?
 Yes No. If yes, insert amount of waiver or reduction. \$_____

(\$_____)

Total Fee = \$_____

If estimated fee is over \$50.00, the District shall charge a good faith deposit of 50 % of the estimated fee. Failure to pay the deposit within 48 calendar days of the District's notice constitutes abandonment, and the District is no longer required to fulfill the request.	Amount of Deposit \$_____	Estimated Date Available _____	Paid? <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 District? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>delivered to</i> Spam/Junk Mail [_____, 20__ at ___ am/pm] and date and time <i>discovered in</i> Spam/Junk Mail [_____, 20__ at ___ am/pm] ^{xi}			(\$_____)
Consider: Time increments for labor costs to copy and publish. Total Due =			\$_____