



EXHIBIT A

FOIA Fee Itemization Schedule

Community Mental Health Authority of Clinton, Eaton and Ingham Counties

Component	Cost Calculations	Total
Labor Cost – Search, Location and Examination	Hourly wage of lowest paid capable employee <u>\$21.02</u> <u>\$21.02</u> multiplied by the 50% fringe benefit multiplier = <u>\$10.51</u> <u>\$21.02</u> + <u>\$10.51</u> = <u>\$31.53</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15 minute increment) = <u>\$7.88 (A)</u> Number of 15 minute time increments (“Units”) _____ (B) _____ (A) x _____ (B) =	\$ _____
Labor Cost - Redaction	Hourly wage of lowest paid capable employee <u>\$29.66</u> <u>\$29.66</u> multiplied by the 50% fringe benefit multiplier = <u>\$14.83</u> <u>\$29.66</u> + <u>\$14.83</u> = <u>\$44.49</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15 minute increment) = <u>\$11.12 (C)</u> Number of 15 minute time increments (“Units”) _____ (D) _____ (C) x _____ (D) =	\$ _____
Labor Cost – Duplication and Copying	Hourly wage of lowest paid capable employee <u>\$19.49</u> <u>\$19.49</u> multiplied by the 50% fringe benefit multiplier = <u>\$9.74</u> <u>\$19.49</u> + <u>\$9.74</u> = <u>\$29.23</u> hourly cost of lowest paid capable employee, divided by 4 (to obtain costs per 15 minute increment) = <u>\$7.30 (E)</u> Number of 15 minute time increments (“Units”) _____ (F) _____ (E) x _____ (F) =	\$ _____
Non-Paper Physical Media	Actual and most reasonable economical cost of: Flash Drives <u>\$5.00</u> x Number used _____ = \$ _____ (G) Compact Disc <u>\$0.19</u> x Number used _____ = \$ _____ (H) _____ (G) x _____ (H) =	\$ _____



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Component	Cost Calculations	Total
Paper Media	Paper (8 ½ x 11) \$0.25 x Sheets used _____ =	\$_____
Mailing	Cost of least expensive postal deliver confirmation \$_____ (I) Incremental cost of expedited/insured shipping* \$_____ (J) _____ (I) x _____ (J) =	\$_____
	*Only upon stipulation of requestor	
	Subtotal (K):	\$_____
Reductions for Delayed Response	Days of late FOIA Request Response _____ x 5% = _____% (L) Subtotal _____ (K) x _____ (J) =	-\$_____
Statutory Fee Waiver	Subtract indigence fee waiver (\$20.00), if applicable.	-\$_____
Voluntary Waiver	Subtract amount waived pursuant to CMHA-CEI determination that production is in the public interest, if applicable.	-\$_____
Deposit	Subtract any amount previously provided by requestor as a deposit, if applicable.	-\$_____
	Total Due:	\$_____