

**Capital Region Airport Authority FOIA Fee Calculation Worksheet**

Pursuant to Section 4 of the Michigan Freedom of Information Act, Act 442 of 1976, the following cost(s) will be charged for responses to FOIA requests

**1. Labor Cost to locate, duplicate, examine, review, separate, redact, etc.:**

This is the cost of labor directly associated with the necessary searching for, locating, examining, duplicating paper copies, duplicating media copies, and separating exempt from non-exempt records in conjunction with fulfilling a granted/partial granted written request. The Airport Authority 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. These costs will be estimated and charged in 15-minute increments; all partial time increments will be rounded down. If the number of minutes is less than 15, there is no charge.

Hourly Wage Charged: \$[insert lowest hourly wage of CRAA worker]	Charge per increment	\$	x	Number of Inc.	=	Labor Cost
Hourly Wage Charged: \$ _____	Charge per increment	\$	x	_____	=	\$ _____
Hourly Wage Charged: \$ _____	Charge per increment	\$	x	_____	=	\$ _____
Hourly Wage Charged: \$ _____	Charge per increment	\$	x	_____	=	\$ _____

**2. Copying (duplication or printing):**

Copying costs may be charged if 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).

Number of Letter (8 1/2 x 11-inch, single or double-sided):	Charge per page	\$0.10	x	_____	=	\$ _____
Number of Letter (8 1/2 x 14-inch, single or double-sided):	Charge per page	\$0.10	x	_____	=	\$ _____
Number of Other paper sizes (single or double-sided):	Actual cost per page	_____	x	_____	=	\$ _____
Number of Compact Diskette (includes sleeve and label):	Actual cost	_____	x	_____	=	\$ _____
Number of Flash Drive (8gb):	Actual cost	_____	x	_____	=	\$ _____

**3. Mailing:**

The Airport Authority will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. The Airport Authority will not charge more for expedited shipping or insurance unless specifically requested by the requestor. The Airport Authority may charge for the least expensive form of postal delivery confirmation.

Number of Envelope or Package:	Actual cost	_____	x	_____	=	\$ _____
Postage:	Actual cost	_____	x	_____	=	\$ _____
Postal Delivery Confirmation:	Actual cost	_____	x	_____	=	\$ _____
Expedited Shipping or	Actual cost	_____	x	_____	=	\$ _____

Insurance as requested: _____ cost
<b>Estimated TOTAL Cost††† \$</b>
50% Good Faith Deposit (MCL 15.234) Due \$ _____ Date Paid: _____ Check No. _____
††Hourly wage of the lowest paid Airport Authority employee capable of retrieving the information necessary to comply with the request. The rate listed was calculated using the hourly wage of [insert employee title]
†††Hourly wage of the lowest paid Airport Authority employee capable of retrieving the information necessary to comply with the request plus 47.8% fringes prorated in 15-minute increments; rounded-down for partial increments as required by the Act. Contracted labor costs will be calculated in the same manner.  Hourly: \$ _____ + 50% Fringes \$ _____ = Charge per Hour \$ _____ Hourly: \$ _____ + 50% Fringes \$ _____ = Charge per Hour \$ _____ Hourly: \$ _____ + 50% Fringes \$ _____ = Charge per Hour \$ _____
††† If estimated cost exceeds \$50.00, a Good Faith Deposit (MCL 15.234) is required before the request will be processed. Full payment will be required before the records are released.