District Health Department No. 2

SUBJECT: Freedom of Information Act	DATE ADOPTED: 04/20/2023
SECTION: General Operating Policies	DATE REVISED: 06/24/2024

I. POLICY

Policy: The District Health Department No. 2 will ensure that all persons are granted full and complete information regarding the affairs of the District Health Department No. 2 as provided by the Michigan Freedom of Information Act (FOIA).

II. PRINCIPLES

Statutory References: The Board of Health may establish a policy for implementation of the FOIA pursuant to MCLA 15.231 et seq. (Public Act 442 of 1976) as amended and in accordance with its general power under MCLA 46.11(m) (Public Act 156 of 1851) to establish rules and regulations in reference to the management of the interest and business concerns of the District Health Department No. 2.

District Health Department No. 2 Legislative or Historical References: None appropriate.

Operational Guidelines – General:

Coordinator: District Health Department No. 2 Health Officer shall be designated District Health Department No. 2 FOIA Coordinator. The District Health Department No. 2 Health Officer may designate District Health Department No. 2 employees, to be trained and to serve as FOIA Coordinators.

Procedures: All FOIA Coordinators designated by the District Health Department No. 2 Health Officer shall act in accordance with the Freedom of Information Act and the procedures adopted pursuant to this Policy and shall use FOIA response forms and amendments thereto provided to them by District Health Department No.2.

Fees: District Health Department No. 2 shall charge fees for public records in accordance with MCLA 15.234 and the procedures adopted pursuant to this Policy.

Exceptions: None appropriate.

Implementation Authority: Upon adoption of this Policy, the Board of Health authorizes the District Health Department No. 2 Health Officer to establish any procedures and guidelines that may be necessary for implementation.

Periodic Review: District Health Department No. 2 Administration will review this Policy following amendments to the FOIA, whichever occurs first, and will make recommendations for changes to the Board of Health.

District Health Department No. 2

Public Summary of FOIA Procedures and Guidelines

Copies of the District Health Department No. 2 FOIA Procedures and Guidelines effective April 24, 2023, are available at no charge at any District Health Department No. 2 office and on the District Health Department No. 2 website: www.dhd2.org. This is a public summary of District Health Department No. 2 FOIA Procedures and Guidelines.

It is the public policy of this state that all persons (except those persons incarcerated in state or local correctional facilities) are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and public employees. The people shall be informed so that they may fully participate in the democratic process.

1. How do I submit a FOIA request to District Health Department No. 2?

- A request must sufficiently describe a public record to enable District Health Department No. 2 to find it.
- Please include the words "FOIA" or "FOIA Request" in the request to assist District Health Department No. 2 in providing a prompt response.
- Requests to inspect or obtain copies of public records prepared, owned, used, possessed, or retained by District Health Department No. 2 may be submitted on the District Health Department No. 2 FOIA Request Form, in any other form of writing (letter, fax, email, etc.), or by verbal request.
    - Any verbal request will be documented by District Health Department No. 2 on the District Health Department No. 2 FOIA Request Form.
    - No specific form to submit a written request is required. However, a FOIA Request Form and other FOIA-related forms are available for your use and convenience on the District Health Department No. 2 website at www.dhd2.org.
- Written requests may be delivered to District Health Department No. 2 Administrator's Office at District Health Department No. 2 Administrator's Office, 630 Progress St. West Branch, MI, 48661, Fax: (989) 343-1899, or directly to the department that possesses the records in person or by mail at their addresses. To ensure a prompt response, faxed requests should contain the term "FOIA" or "FOIA Request" on the first/cover page.
- Requests may be emailed to administration@dhd2.org to ensure a prompt response; email requests should contain the term "FOIA" or "FOIA Request" in the subject line.

2. What kind of response can I expect to my request?

- Within five (5) business days after receiving a FOIA request, District Health Department No. 2 will issue a response. If a request is received by fax or email, the request is deemed to have been received on the following business day. District Health Department No. 2 will respond to your request in one of the following ways:
    - Grant the request,
    - Issue a written notice denying the request,
    - Grant the request in part and issue a written notice denying in part the request,
    - Issue a notice indicating that due to the nature of the request District Health Department No. 2 needs an additional 10 business days to respond, or
    - Issue a written notice indicating that the public record requested is available at no charge on the District Health Department No. 2 website.
- If the request is granted, or granted in part, District Health Department No. 2 will ask that payment be made for the allowable fees associated with responding to the request before the public record is made available.
- If the cost of processing the request is expected to exceed $50, or if you have not paid for a previously granted request, District Health Department No. 2 will require a deposit before processing the request.

3. What are the District Health Department No. 2 deposit requirements?

- If District Health Department No. 2 has made a good faith calculation that the total fee for processing the request will exceed $50.00, District Health Department No. 2 will require that you provide a deposit in the amount of 50% of the total estimated fee. When District Health Department No. 2 requests the deposit, it will provide you with a non-binding best effort estimate of how long it will take to process the request after you have paid your deposit.
- If District Health Department No. 2 receives a request from a person who has not paid District Health Department No. 2 for copies of public records made in fulfillment of a previously granted written request, District Health Department No. 2 will require a deposit of 100% of the estimated processing fee before it begins to search for the public record for any subsequent written request when **all** the following conditions exist:
    - The final fee for the prior written request is not more than 105% of the estimated fee.
    - The public records made available contained the information sought in the prior written request and remain in the District Health Department No. 2 possession.
    - The public records were made available to the individual, subject to payment, within the best effort time frame estimated by District Health Department No. 2 to provide the records.
    - Ninety (90) days have passed since District Health Department No. 2 notified the individual in writing that the public records were available for pickup or mailing.
    - The individual is unable to show proof of prior payment to District Health Department No. 2; and
    - District Health Department No. 2 has calculated an estimated detailed itemization that is the basis for the current written request's increased fee deposit.
- District Health Department No. 2 will not require the 100% estimated fee deposit if any of the following apply:
    - The person making the request can show proof of prior payment in full to District Health Department No. 2.
    - District Health Department No. 2 is subsequently paid in full for all applicable prior written requests; or
    - Three hundred sixty-five (365) days have passed since the person made the request for which full payment was not remitted to District Health Department No. 2.

4. How does District Health Department No. 2 calculate FOIA processing fees?

The Michigan FOIA statute permits District Health Department No. 2 to charge for the following costs associated with processing a request:

- Labor costs associated with copying or duplication, which includes making paper copies, making digital copies, or transferring digital public records to non-paper physical media or through the Internet.
- Labor costs associated with searching for, locating, and examining a requested public record, when failure to charge a fee will result in unreasonably high costs to District Health Department No. 2.
- Labor costs associated with a review of a record to separate and delete information exempt from disclosure, when failure to charge a fee will result in unreasonably high costs to District Health Department No. 2.
- The cost of copying or duplication, not including labor, of paper copies of public records. This may include the cost for copies of records already on the District Health Department No. 2 website if you ask for District Health Department No. 2 to make copies.
- The cost of computer discs, computer tapes or other digital or similar media when the requester asks for records in non-paper physical media. This may include the cost for copies of records already on the District Health Department No. 2 website if you ask for District

Health Department No. 2 to make copies.
- The cost to mail or send a public record to a requestor.

Labor Costs

- All labor costs will be estimated and charged in 15-minute increments, with all partial time increments rounded down. If the time involved is less than 15 minutes, there will be no charge. Except that labor cost for duplication or publication will be charged in 1- minute increments, with all partial increments rounded down.
- Labor costs will be charged at the hourly wage of the lowest-paid District Health Department No. 2 employee capable of doing the work in the specific fee category, regardless of who performs the work.
- Labor costs will also include a charge to cover or partially cover the cost of fringe benefits. District Health Department No. 2 may add up to 50% to the applicable labor charge amount to cover or partially cover the cost of fringe benefits, but in no case may it exceed the actual cost of fringe benefits.
- Overtime wages will not be included in labor costs unless agreed to by the requestor; overtime costs will not be used to calculate the fringe benefit cost.
- Contracted labor costs will be charged at an hourly rate not to exceed an amount equal to six (6) times the state minimum hourly wage rate determined by the workforce opportunity wage act, 2014, PA 138.

A labor cost will not be charged for the search, examination, review and the deletion and separation of exempt from nonexempt information unless failure to charge a fee would result in unreasonably high costs to District Health Department No. 2. Costs are unreasonably high when they are excessive and beyond the normal or usual amount for those services compared to the District Health Department No. 2 usual FOIA requests, because of the nature of the request in the instance. District Health Department No. 2 must specifically identify the nature of the unreasonably high costs in writing.

Copying and Duplication

District Health Department No. 2 will use the most economical method for making copies of public records, including using double-sided printing, if cost-saving and available.

Non-paper Copies on Physical Media

- The cost for records provided on non-paper physical media, such as computer discs, computer tapes or other digital or similar media will be at the actual and most reasonably economical cost for the non-paper media.
- This cost will be charged only if District Health Department No. 2 has the technological capability necessary to provide the public records in the requested non-paper physical media format.

Paper Copies

- Paper copies of public records made on standard letter (8 ½ x 11), or legal (8 ½ x 14) sized paper will be as determined by the District Health Department No. 2 Purchasing Division not to exceed 0.10 cents per sheet of paper.
- Copies for non-standard sized sheets of paper will reflect the actual cost of reproduction.

Mailing Costs

- The cost to mail public records will use a reasonably economical and justified means.
- District Health Department No. 2 may charge for the least expensive form of postal delivery confirmation.

Waiver of Fees

The cost of the search for and copying of a public record may be waived or reduced if in the sole judgment of District Health Department No. 2 FOIA Coordinator a waiver or reduced fee is in the public interest because it can be considered as primarily benefitting the public.

5. How do I qualify for an indigence discount on the fee?

District Health Department No. 2 will discount the first $20 of fees for a request if you submit an affidavit stating that you are:

- Indigent and receiving specific public assistance; or
- If not receiving public assistance, stating facts demonstrating an inability to pay because of indigence.

You are **not** eligible to receive the $20 discount if you:

- Have previously received discounted copies of public records from District Health Department No. 2 twice during the calendar year; or
- Are requesting information on behalf of other people who are offering or providing payment to you to make the request.

The affidavit is a sworn statement. For your convenience, District Health Department No. 2 has provided an Affidavit of Indigence for the waiver of FOIA fees on the back of District Health Department No. 2 FOIA Request Form, which is available on the District Health Department No. 2 website: www.dhd2.org.

6. May a nonprofit organization receive a discount on the fee?

A nonprofit organization advocating for developmentally disabled or mentally ill individuals that is formally designated by the state to carry out activities under subtitle C of the federal developmental disabilities assistance and bill of rights act of 2000, Public Law 106-402, and the protection and advocacy for individuals with mental illness act, Public Law 99-319, may receive a $20.00 discount if the request meets all of the following requirements in the Act:

- Is made directly on behalf of the organization or its clients.
- Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the mental health code, 1974 PA 258, MCL 330.1931.
- Is accompanied by documentation of its designation by the state, if requested by the public body.

7. **How may I challenge the denial of a public record or an excessive fee?**

Appeal of a Denial of a Public Record

If you believe that all or a portion of a public record has not been disclosed or has been improperly exempted from disclosure, you may appeal to the Chair of the Board of Commissioners by filing a written appeal of the denial to the District Health Department No. 2 Attention: Board of Commissioners 630 Progress Street, West Branch, Michigan 48661

The appeal must be in writing, specifically state the word “appeal,” and identify the reason or reasons you are seeking a reversal of the denial.

Within ten (10) business days of receiving the appeal the Chair of District Health Department No. 2 Board of Health will respond in writing by:

- Reversing the disclosure denial.
- Upholding the disclosure denial; or
- Reverse the disclosure denial in part and uphold the disclosure denial in part.

Whether or not you submitted an appeal of a denial to the Chair of the Board of Health, you may file a civil action in District Health Department No. 2 Circuit Court within 180 days after the District Health Department No. 2 final determination to deny your request.

Appeal of an Excess FOIA Processing Fee

If you believe that the fee charged by District Health Department No. 2 to process your FOIA request exceeds the amount permitted by state law, you must first appeal to the Chair of District Health Department No. 2 Board of Health by filing a written appeal for a fee reduction to District Health Department No. 2 630 Progress Street, West Branch, Michigan 48661.

The appeal must specifically state the word “appeal” and identify how the required fee exceeds the amount permitted.

Within 10 business days after receiving the appeal, the Chair of District Health Department No. 2 Board of Health will respond in writing by:

- Waiving the fee.
- Reducing the fee and issue a written determination indicating the specific basis that supports the remaining fee.
- Upholding the fee and issue a written determination indicating the specific basis that supports the required fee; or
- Issuing a notice detailing the reason or reasons for extending for not more than ten (10) business days the period during which the Chair of District Health Department No. 2 Board of Health will respond to the written appeal.

Within 45 days after receiving notice of the Chair of District Health Department No. 2 Board of Health determination of the processing fee appeal, you may commence a civil action in Circuit Court for a fee reduction.

District Health Department No. 2

District Health Department No. 2
630 Progress St.
West Branch, MI 48661
Phone: (989) 345-5020 Email: administration@dhd2.org

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request to: ☐ **Receive copy** ☐ **Inspect record**

Delivery Method: ☐ **Mail to address below** ☐ **Email** ☐ **Pick up records in person**
**include email for notification

Name			**Phone**
Firm/Organization			**Fax**
Street	**Apt/Unit Number**	**Email**	
City		**State**	**Zip**

Please describe the public record(s) in box below

Requestor's Signature	**Date**

District Health Department No. 2 FOIA Procedures and Guidelines and Written Public Summary are available at www.dhd2.org.

TO BE COMPLETED BY CITY STAFF:

Date Received: **Received via:** □ Over the Counter □ Mail □ Fax □ Email

Received By:

Admin>Policies & Procedures
Public>Policies & Procedures
Public>Freedom of Information (FOIA)
Last BOH Review/Approval: April 2023, June 2024, February 2025

District Health Department No. 2

AFFIDAVIT OF INDIGENCE

(COMPLETE ONLY IF YOU ARE CLAIMING THAT YOU DO NOT HAVE
THE FINANCIAL RESOURCES TO PAY FOR COPIES OF REQUESTED RECORDS)

In accordance with the Michigan Freedom of Information Act, the undersigned requests a copy of the following record(s) identified below and that I receive the discount for indigence for this FOIA request:

Department: _____

Record(s) Requested: _____

_____

_____.

The undersigned, being duly sworn, affirms under penalty of perjury that the information contained in this affidavit is true and correct to the best of my information, knowledge, and belief. (CHECK ONE):

_____ On this date, I am receiving_____(type) public assistance.

_____ I am not receiving public assistance, but I am unable to pay the cost of the copies of records.

COMPLETE THE FOLLOWING:

EMPLOYER:_____

POSITION:_____

DEPENDANTS (STATE RELATIONSHIP): _____

_____ Are you making this request for records in conjunction with any outside parties who are offering or providing you with payment or other remuneration to make the request?

_____ I have not previously received discounted copies of public records from DHD2 twice during the calendar year.

_____
Name

_____
Date

Keep original and provide copies of both sides of each sheet, to requestor at no charge.

District Health Department No. 2
630 Progress St.
West Branch, MI 48661
Phone: 989-345-5020

Freedom of Information Act Request Detailed Cost Itemization

Date: _____ Prepared for: _____ Date Request Received: _____

The following costs are being charged in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to District Health Department No. 2 FOIA Policies and Guidelines.		
1. 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 District Health Department No. 2's lowest-paid employee capable of necessary duplication or publication in this instance, regardless of whether that person is available or who performs the labor. These costs will be estimated and charged in **15 -minute time increments** as set by the District Health Department No. 2 Board of Commissioners; all partial time increments must be rounded down. *If the number of minutes is less than one increment, there is no charge.* **Hourly Wage Charged: $**_____ **Charge per increment: $**_____ **OR** **Hourly Wage with Fringe Benefit Cost: $**_____ **OR** Multiply the hourly wage by the percentage multiplier:_____**%** (*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $**_____ Overtime rate charged as stipulated by Requestor *(overtime is not used to calculate the fringe benefit cost)*	To figure the number of increments, take the *number of minutes:* ____, *divide by* _____*-minute increments, and round down. Enter below:* **Number of increments** **x**_____**=**	**1. Labor Cost** **$**_____

2. Labor Cost to Locate:

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 District Health Department No. 2 that are excessive and beyond the normal or usual amount for those services compared to District Health Department No. 2's usual FOIA requests, because of the nature of the request in this instance, specifically:____**

_____

_____

District Health Department No. 2 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 instance, regardless of whether that person is available or who actually performs the labor.

These costs will be estimated and charged in **15 -minute time increments** *(must be 15-minutes or more)*; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____ **Charge per increment: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier:_____**%**
(*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $_____**

☐ Overtime rate charged as stipulated by Requestor *(overtime is not used to calculate the fringe benefit cost)*

To figure the number of increments, take the *number of minutes:* ____*, divide by* _____*-minute increments, and round down. Enter below:*

Number of increments

x_____=

2. Labor Cost

$_____

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

(Fill this out if using a District Health Department No. 2 employee. If contracted, use No. 3b instead).

District Health Department No. 2 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 District Health Department No. 2 that are excessive and beyond the normal or usual amount for those services compared to District Health Department No. 2's usual FOIA requests, because of the nature of the request in this instance, specifically:_____

_____

_____

This is the cost of labor of a **District Health Department No. 2 employee**, including necessary review, directly associated with separating and deleting exempt from nonexempt information. This shall not be more than the hourly wage of District Health Department No. 2's **lowest-paid employee** capable of separating and deleting exempt from nonexempt information in this instance, regardless of whether that person is available or who performs the labor.

These costs will be estimated and charged in **15-minute time increments *(must be 15-minutes or more)*;** all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____ **Charge per increment: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier:_____**%**
(*up to 50% of the hourly wage*) and add to the hourly wage for a total per hour rate. **Charge per increment: $_____**

To figure the number of increments, take the *number of minutes:* ____*, divide by* _____ *-minute increments, and round down. Enter below:*

Number of increments

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

District Health Department No. 2 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 District Health Department No. 2 that are excessive and beyond the normal or usual amount for those services compared to District Health Department No. 2's usual FOIA requests, because of the nature of the request in this instance, specifically: _____

_____

_____

As District Health Department No. 2 does not employ a person capable of separating exempt from non-exempt information in this 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. This shall not exceed an amount equal to 6 times the state minimum hourly wage rate of_____(*currently $8.15*).

Name of contracted person or firm: _____

These costs will be estimated and charged in_____**-minute time increments** ***(must be 15-minutes or more)***; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Cost Charged: $_____ **Charge per increment: $**_____

To figure the number of increments, take the *number of minutes:* ____, *divide by* _____ *-minute increments, and round down to:* ____ *increments. Enter below:*

Number of increments

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*).

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

- **Letter** (8 ½ x 11-inch, single and double-sided)**: 10 cents per sheet**
- **Legal** (8 ½ x 14-inch, single and double-sided)**: 10 cents per sheet**

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**

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

- ***Circle applicable:*** Disc / Tape / Drive / Other Digital Medium **Cost per Item:** _____

The cost of paper copies **must** be calculated as the 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-paper. District Health Department No. 2 **must** utilize the most economical means available for making copies of public records, including using double-sided printing, if cost saving and available.

Number of Sheets:

x_____**=**

x_____**=**

x_____**=**

No. of Items:

x_____**=**

Costs:

$_____

$_____

$_____

$_____

4. Total Copy Cost

$_____

5. Mailing Cost:

District Health Department No. 2 will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. Delivery confirmation is not required.

- District Health Department No. 2 ***may*** charge for the least expensive form of postal delivery confirmation.
- District Health Department No. 2 ***cannot*** charge more for expedited shipping or insurance unless specifically requested by the requestor. *

Actual Cost of Envelope or Packaging: $_____

Actual Cost of Postage: $_____per stamp
$_____per pound
$_____per package

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

***Expedited Shipping or Insurance as Requested: $**_____

☐ * Requestor has requested expedited shipping or insurance

Number of Envelopes or Packages:

x_____= $_____

x_____= $_____
x_____= $_____
x_____= $_____

x_____= $_____

x_____= $_____

Costs:

5. Total Mailing Cost

$_____

6a. Copying/Duplicating Cost for Records Already on District Health Department No. 2 Website:

If the public body has included the website address for a record in its written response to the requestor, and the requestor thereafter stipulates that the public record be provided to him or her in a paper format or non-paper physical digital media, District Health Department No. 2 will provide the public records in the specified format and may charge copying costs to provide those copies.

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

- **Letter** (8 ½ x 11-inch, single and double-sided)**: 10 cents per sheet**
- **Legal** (8 ½ x 14-inch, single and double-sided)**: 10 cents per sheet**

No more than the actual cost of a sheet of paper for other paper sizes:

- **Other paper sizes** (single and double-sided)**: 10 cents per sheet**

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

- ***Circle applicable:*** Disc / Tape / Drive / Other Digital Medium **Cost per Item:** _____

☐ **Requestor has stipulated that some / all of the requested records that are already available on District Health Department No. 2 website be provided in a paper or non-paper physical digital medium.**

Number of Sheets:

x_____= $_____
x_____= $_____

x_____= $_____

No. of Items:

x_____= $_____

Costs:

6a. Web Copy Cost

$_____

6b. Labor Cost for Copying/Duplicating Records Already on District Health Department No. 2 Website:

This shall not be more than the hourly wage of District Health Department No. 2'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. These costs will be estimated and charged in **15 -minute time increments** *(i.e.: 15- minutes or more)*; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: $_____ **Charge per increment: $_____**

OR

Hourly Wage with Fringe Benefit Cost: $_____ **OR**

Multiply the hourly wage by the percentage multiplier:_____**%**
and add to the hourly wage for a total per hour rate. **Charge per increment: $_____**

District Health Department No. 2 may use a fringe benefit multiplier greater than the 50% limitation, not to exceed the actual costs of providing the information in the specified format.

☐ Overtime rate charged as stipulated by Requestor

To figure the number of increments, take the *number of minutes: ____, divide by _____-minute increments, and round down. Enter below:*

Number of increments

x_____=

6b. Web Labor Cost

$_____

6c. Mailing Cost for Records Already on District Health Department No. 2 Website:

Number:

Costs:

Actual Cost of Envelope or Packaging: $_____ **x_____=** **$_____**

Actual Cost of Postage: $_____per stamp / per pound / per package **x_____=** **$_____**

Actual Cost (least expensive) Postal Delivery Confirmation: $_____** **x_____=** **$_____

***Expedited Shipping or Insurance as Requested: $_____** **x_____=** **$_____**

☐ ***** Requestor has requested expedited shipping or insurance

6c. Web Mailing Cost

$_____

Subtotal Fees Before Waivers, Discounts or Deposits:

☐ Cost estimate
☐ Bill

Estimated Time Frame to Provide Records:

_____(*Days or date*)

The time frame estimate is nonbinding upon District Health Department No. 2, but District Health Department No. 2 is providing the estimate in good faith. Providing an estimated time frame does not relieve District Health Department No. 2 from any of the other requirements of this act.

1. Labor Cost for Copying:	**$_____**
2. Labor Cost to Locate:	**$_____**
3a. Labor Cost to Redact:	**$_____**
3b. Contract Labor Cost to Redact:	**$_____**
4. Copying/Duplication Cost:	**$_____**
5. Mailing Cost:	**$_____**
6a. Copying/Duplication of Records on Website:	**$_____**
6b. Labor Cost for Copying Records on Website:	**$_____**
6c. Mailing Costs for Records on Website:	**$_____**
Subtotal Fees:	**$_____**

Waiver: 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 District Health Department No. 2 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.

☐ **All fees are waived** **OR** ☐ **All fees are reduced by:_____%**

Subtotal Fees After Waiver: **$_____**

Discount: Indigence 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** for each request by an individual who is entitled to information under this act and who: **1)** Submits an affidavit stating that the individual is indigent and receiving specific public assistance, **OR** **2)** If not receiving public assistance, stating facts showing inability to pay the cost because of indigence. If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if **ANY** of the following apply: **(i)** The individual has previously received discounted copies of public records from the same public body twice during that calendar year, **OR** (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration. ☐ **Eligible for Indigence Discount**	**Subtotal Fees After Discount (subtract $20):**	**$**_____
Discount: Nonprofit Organization 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** for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the federal Protection and Advocacy for Individuals with Mental Illness Act, if the request meets **ALL** of the following requirements: (i) Is made directly on behalf of the organization or its clients. (ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Michigan Mental Health Code, 1974 PA 258, MCL 330.1931. (iii) Is accompanied by documentation of its designation by the state, if requested by District Health Department No. 2. ☐ **Eligible for Nonprofit Discount**	**Subtotal Fees After Discount (subtract $20):**	**$**_____
Deposit: Good Faith District Health Department No. 2 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 $50.00**, based on a good-faith calculation of the total fee. The deposit cannot exceed 1/2 of the total estimated fee. **Percent of Deposit:**_____**%**	**Date Paid:** _____	**Deposit Amount Required:** **$**_____

Deposit: Increased Deposit Due to Previous FOIA Fees Not Paid in Full

After District Health Department No. 2 has granted and fulfilled a written request from an individual under this act, not been paid in full the total amount of fees for the copies of public records that District Health Department No. 2 made available to the individual because of that written request**, District Health Department No. 2 may require deposit of up to 100% of the estimated fee before it begins a full public record search for any subsequent written request from that individual** if **ALL** of the following apply:

(a) The final fee for the prior written request was not more than 105% of the estimated fee.
(b) The public records made available contained the information being sought in the prior written request and are still in District Health Department No. 2's possession.
(c) The public records were made available to the individual, subject to payment, within the best effort estimated time frame given for the previous request.
(d) Ninety (90) days have passed since District Health Department No. 2's notified the individual in records were available for pickup or mailing.
(e) The individual is unable to show proof of prior payment to District Health Department No. 2.
(f) District Health Department No. 2 calculates a detailed itemization, as required under MCL 15.234, that is the basis for the current written request's increased estimated fee deposit.

District Health Department No. 2 **cannot require an increased estimated fee deposit** from an individual if **ANY** of the following apply:

(a) The individual can show proof of prior payment in full to the District Health Department No. 2, **OR**
(b) District Health Department No. 2 is subsequently paid in full for the applicable prior written request, **OR**
(c) Three hundred sixty-five (365) days have passed since the individual made the written request for which full payment was not remitted to District Health Department No. 2.

Date Paid: _____

Percent Deposit Required: _____%

Deposit Required: $_____

Late Response Labor Costs Reduction

If District Health Department No. 2 does not respond to a written request in a timely manner as required under MCL 15.235(2), District Health Department No. 2 **must** do the following:

(a) **Reduce the charges for labor costs** otherwise permitted by 5% for each day District Health Department No. 2 exceeds the time permitted for a response to the request, **with a maximum 50% reduction**, if **EITHER** of the following applies:

(i) The late response was willful and intentional, **OR**
(ii) The written request included language that conveyed a request for information within the first 250 words of the body of a letter, facsimile, electronic mail, or electronic mail attachment, or specifically included the words, characters, or abbreviations for "freedom of information," "information," "FOIA," "copy", or a recognizable misspelling of such, or appropriate legal code reference for this act, on the front of an envelope, or in the subject line of an electronic mail, letter, or facsimile cover page.

Number of Days Over Required Response Time: _____

Multiply by 5%

= Total Percent Reduction: _____

Total Labor Costs $_____

Minus Reduction $_____

= Reduced Total Labor Costs $_____

The Public Summary of District Health Department No. 2's FOIA Procedures and Guidelines is available free of charge from:
Website: www.dhd2.org Email: administration@dhd2.org
Phone: 1-800-504-2650 Address: 630 Progress St. West Branch, MI 48661

Request Will Be Processed,
But Balance Must Be Paid Before Copies May Be Picked Up, Delivered or Mailed

Date Paid: _____

Total Balance Due: $_____