

**Kelloggsville Public Schools
Freedom of Information Act (FOIA)
Detailed Itemization of Fees**

Requester name: _____

Date of Request: _____

Information Requested: _____

Type of format requested (ex. Paper or Digital) _____

Date of District Response: _____

***Best Efforts Estimate for Completion:** _____

****An earlier date may require overtime, which you must authorize on the attached response form.**

Are requested documents available online: Y or N

****If yes, name of website:** _____

*** Note: If paper copies are requested for documents available online, the fees for searching, locating, examining and copying such records noted below will apply. There will be no charge to separate/delete exempt information.**

Waiver of Fees

The District may waive fees based on one of the following:

- **You are an indigent person who has not received discounted copies from the district twice during the past calendar year and the request is not made in conjunction with an outside party who has agreed to pay.**
- **You are a non-profit organization designated by the State to carry out activities protecting those with mental/developmental disabilities and provided proof of State designation.**

Based on information provided in your request, the District finds you qualify for a fee waiver: Y or N

If No, the following reason applies: _____

Estimation of Labor Fees:

Hourly Rate of Staff Member Searching,
Locating, Examining and Copying Records \$14.00 per hour

Estimated time (15 min Increments) _____

Fringe benefit Cost (.5 x hourly rate) \$7.00 per hour

A. Total Est. Cost for Searching, Locating,
Examining and Copying Records
(hourly rate + fringe rate x Est. time) _____

Hourly Rate of Staff Member
Separating/Deleting Exempt Information \$18.00 per hour

Estimated time (15 min Increments) _____

Fringe benefit Cost (.5 x hourly rate) \$9.00 per hour

B. Total Est. Cost for Separating/
Deleting Exempt Information
(hourly rate + fringe rate x Est. time) _____

If no internal staff member capable of
Separating/Deleting Exempt Information
Name of contracted person/Firm _____

Estimated time (15 min increments) _____

Hourly rate (not to exceed \$48.90) _____

C. Total Estimated Cost for
Contracted Person/Firm
(Est. time x Hourly Rate) _____

Total Estimated Labor Costs (A+B+C) _____

Estimation of Actual Costs:

A. Total Number of letter/legal paper Copies Requested @ .10 per page _____

B. Photocopying of odd sized documents listed below:

C. Mailing Costs – No charge if picking up documents _____

D. Cost of non-paper physical media such as Computer disk, tape, flash drive or other digital Media _____

E. Misc.- Other Special Services @ actual cost _____

Total Estimated Actual Costs:
(A+B+C+D+E) _____

Total Estimated FOIA Fee:
Labor Costs + Actual Costs _____

Estimated of Costs of Producing Items Available on the District Website

Hourly Rate of Staff Member Searching,
Locating, Examining and Copying Records **\$14.00 per hour** _____

Estimated time (15 min Increments) _____

Fringe benefit Cost (.5 x hourly rate) **\$7.00 per hour** _____

A. Total Est. Cost for Searching, Locating,
Examining and Copying Records
(hourly rate + fringe rate x Est. time) _____

Total Number of letter/legal paper Copies Requested @ .10 per page _____

Photocopying of odd sized documents listed below:

Mailing Costs – No charge if picking up documents

**Cost of non-paper physical media such as
Computer disk, tape, flash drive or other digital
Media**

**Labor Costs + Actual Costs
(including website information)**

Good Faith Deposit

If the total estimated FOIA Fee listed above exceeds \$50.00, Kelloggsville Public Schools requires a deposit of 50% of the estimated costs.

If you have made previous FOIA requests, and the following apply, the District will require a deposit equal to 100% of the estimated costs prior to processing your request:

- **The final fee for your previous request was not more than 105% of the estimate provided.**
- **The public records provided in the previous request remain in the District's possession.**
- **The public records provided in the previous request were made available within the estimated time frame.**
- **Ninety (90) days have passed since you were notified that the requested records were available for pick-up/ mailing.**
- **You cannot show proof of prior payment for the prior request, and have not subsequently paid in full.**
- **Less than three hundred sixty five (365) days have passed since you made the prior request.**

Based on the information above, KPS requires the following Good Faith Deposit before processing of your request will begin: _____