



KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

JEFF FRANKLIN  
INTERIM CHIEF INFORMATION OFFICER

**EXHIBIT H**  
**Form 22 – Request for Confidentiality**

**Either Section I OR Section II of this Form 22 (Form) must be completed and included with your Application. This Form is required whether the Application does or does not contain material or information for which confidential treatment is requested. Failure to submit a completed Form 22 may result in rejection of your Application.**

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***\*\*The below information is to be completed and signed ONLY if Applicant DOES NOT request confidential treatment of any materials or information submitted in its Application.***

- I. Confidential Treatment Is Not Requested.** By signing and submitting this Form 22, Applicant certifies that a request for confidential treatment of materials or information contained in its Application is not requested.

_____ Authorized Representative's Signature	_____ Date
_____ Name (Printed)	_____ Title
_____ Entity	_____ NOFA Number

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***\*\*The below information is to be completed and signed ONLY if Applicant requests confidential treatment of any materials or information submitted in its Application, as permitted by the NOFA.***

**II. Confidential Treatment Is Requested.** An Applicant requesting portions of its Application be maintained in confidence must complete this form and submit it with its Application. Applicants should read and familiarize themselves with chapter 22 of the Iowa Code regarding release of public records before completing this Form. Contractor shall refer to Section 1.25 (Disposition of Applications/Public Records) of the NOFA for instructions regarding how to request confidential treatment of portions of its Application.

**1. To request confidential treatment, an Applicant must provide the following information in the table below. You may add additional lines if necessary or add additional pages using the same format as the table below.**

- 1.1. Clearly identify which specific materials or information within which specific sections of the Application Applicant seeks confidential treatment;
- 1.2. Enumerate the specific grounds in Iowa Code Chapter 22 or other applicable law which support treatment of the material as confidential;
- 1.3. Justifies why the material should be maintained in confidence;
- 1.4. Explains why disclosure of the material would not be in the best interest of the public.

SPECIFIC INFORMATION FOR WHICH YOU SEEK CONFIDENTIAL TREATMENT	SPECIFIC LEGAL GROUNDS SUPPORTING SUCH TREATMENT	JUSTIFICATION AS TO WHY MATERIAL SHOULD BE KEPT IN CONFIDENCE	WHY DISCLOSURE OF THE MATERIAL WOULD NOT BE IN THE BEST INTERESTS OF THE PUBLIC

**\*\* If additional lines are needed please attach additional pages to the end of this document in the same format \*\***

**2. Additional Acknowledgement(s):** Applicant acknowledges the following:

- ☐ An Applicant that submits an Application containing confidential material or information at any time during or after the Application process must submit public/redacted copies of its Application, which are clearly labeled the “REDACTED COPY” or PUBLIC COPY” at the top of every page of the Application, and which has all claimed confidential information excised. ***Check box to indicate acknowledgement.***
- ☐ Completion of this Form is the sole means of requesting confidential treatment. ***Check box to indicate acknowledgement.***
- ☐ Completion of this Form and the Office’s acceptance of Applicant’s Application does not guarantee the Office will grant Applicant’s request for confidentiality. ***Check box to indicate acknowledgement.***

The Office may reject an Applicant's Application entirely, or deny a request for confidential treatment, in the event Applicant requests confidentiality and does submit a fully completed Form 22 or requests confidentiality for portions of its Application that are improper under the NOFA. ***Check box to indicate acknowledgement.***

- ☐ Failure to provide the information required on this Form may result in rejection of Applicant's submittal to request confidentiality or rejection of the Application. ***Check box to indicate acknowledgement.***

**3.** Applicant's point of contact for inquiries from the Office concerning the confidential status of information identified as confidential above (may be same as Authorized Contact for NOFA generally):

- 3.1. Name \_\_\_\_\_
- 3.2. Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_
- 3.3. Telephone number \_\_\_\_\_
- 3.4. E-mail address \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Entity

\_\_\_\_\_  
NOFA Number