

**EXHIBIT G - NOFA #008**  
**Form 22 – Request for Confidentiality**  
**Alterations to this document are prohibited**

**All Applicants must complete either Section I or Section II of this form.**

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**Complete Section I if you are NOT requesting confidential treatment.**

- 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.

Sharon K Huck  
Authorized Representative's Signature

Sharon Huck

Name (Printed)

President

Title

8-15-23  
Date

Little Wapsie Communications

Applicant Organization

#008

NOFA Number

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**Complete Section II if you are requesting confidential treatment.**

**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 familiarize themselves with chapter 22 of the Iowa Code regarding release of public records before completing this Form. Applicants should refer to Section 7.18 (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. Justify why the material should be maintained in confidence;
  - 1.4. Explain 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

2. **Additional Acknowledgement(s):** Applicant acknowledges the following (*Check the boxes to indicate acknowledgement*):

- ☐ An Applicant that submits an Application containing confidential material or information at any time during or after the Application process may be required to 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.

- ☐ Completion of this Form is the sole means of requesting confidential treatment.
  - ☐ 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.
  - ☐ The Office may reject an 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.
  - ☐ 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.
  - ☐ Applicant acknowledges that the Office will use the Applicant's information as necessary to comply with federal reporting obligations regardless of whether the Applicant has claimed confidentiality over the information in question.
  - ☐ Applicant has not requested confidential treatment of any part of its Application except cost information in Exhibit D of the Core Application.
3. Applicant's point of contact for inquiries from the Office concerning the confidential status of information identified as confidential above (may be the same as the Authorized Contact for this NOFA generally):
- 3.1. Name \_\_\_\_\_
- 3.2. Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_
- 3.3. Telephone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_
- 3.4. Email address \_\_\_\_\_

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
NOFA