

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