



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET  
LANSING

TRICIA L. FOSTER  
DIRECTOR

## **Connecting Michigan Communities Grant Confidential Treatment Form and the Freedom of Information Act**

CONFIDENTIAL TREATMENT FORM AND THE FREEDOM OF INFORMATION ACT. All portions of the Applicant's proposal and resulting award are subject to disclosure as required under Michigan's Freedom of Information Act (FOIA), MCL 15.231, et seq. However, some information may be exempt from disclosure. Under MCL 18.1261(13)(b), records containing "a trade secret as defined under section 2 of the uniform trade secrets act, 1998 PA 448, MCL 445.1902," are exempt from disclosure under FOIA. In addition, "financial or proprietary information" submitted with a proposal is exempt from disclosure under FOIA. An applicant's failure to comply with this Section is grounds for rejecting an applicant's proposal as non-responsive. As a part of its proposal, each applicant must follow the procedure below.

1. **SUBMIT A COMPLETED "CONFIDENTIAL TREATMENT FORM" (CT FORM) WITH YOUR APPLICATION.** Completion and submission of the CT Form is required regardless of whether the Applicant seeks confidential treatment of information. Failure to submit a completed CT Form may be cause for disqualification from the application process.
  - a. Complete and sign Section 1 of the CT Form if the Applicant does NOT request confidential treatment of information contained in its proposal; or
  - b. Complete and sign Section 2 of the CT Form if the Applicant requests confidential treatment of certain information. Applicant must also submit a "Public Copy" of the proposal with the trade secret, financial, and proprietary information redacted and clearly labeled as the "Public Copy."
2. **FOIA REQUESTS.** If a FOIA request is made for an Applicant's proposal, the Public Copy may be distributed to the public along with the Applicant's CT Form. The CT Form is a public document and serves as an explanation for the redactions to the Public Copy. Do not put any trade secret, financial, or proprietary information in the CT Form. Do not redact the CT Form itself.
3. **NO ADVICE.** The State will not advise an Applicant as to the nature or content of documents entitled to protection from disclosure under FOIA or other laws, as to the interpretation of such laws, or as to the definition of trade secret or financial or proprietary information. Nothing contained in this provision will modify or amend requirements and obligations imposed on the State by FOIA or other applicable law.
4. **FAILURE TO REQUEST CONFIDENTIAL TREATMENT.** Failure to request material be treated as confidential as specified herein relieves the State, its agencies, and personnel from any responsibility for maintaining material in confidence.
5. Applicants containing a request to maintain an entire proposal as confidential may be rejected as non-responsive. The State reserves the right to determine whether material designated as

exempt by an Applicant falls under MCL 18.1261 or other applicable FOIA exemptions. If a FOIA request is made for materials that the Applicant has identified as trade secret, financial, or proprietary information, the State has the final authority to determine whether the materials are exempt from disclosure under FOIA.

6. Applicant forever releases the State, its departments, subdivisions, officers, and employees from all claims, rights, actions, demands, damages, liabilities, expenses and fees, which arise out of or relate to the disclosure of all or a portion of an Applicant's proposal submitted under this grant program. Applicant must defend, indemnify and hold the State, its departments, subdivisions, officers, and employees harmless, without limitation, from and against all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to any FOIA request, including potential litigation and appeals, related to the portion of Applicant's proposal submitted under this grant program that the Applicant has identified as a trade secret, or financial or proprietary information. The State will notify the Applicant in writing if indemnification is sought. The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense, or any portion thereof, if the State deems necessary. Applicant will not, without the State's written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. If a State employee, official, or law is involved or challenged, the State may control the defense of that portion of the claim. Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

## CONFIDENTIAL TREATMENT FORM (CT FORM)

**INSTRUCTIONS:** Complete either Section 1 or Section 2 of this CT Form and sign where indicated. This CT Form must be signed by the individual who signed the grant application. A completed CT Form must be submitted with your proposal, regardless of whether your proposal contains confidential information. Failure to submit a completed CT Form with your application is grounds for rejecting the proposal as non-responsive. See Section 4.1.5 of the CMIC Grant Overview for additional information.

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### **Section 1. Confidential Treatment Is Not Requested**

This section must be completed, signed, and submitted with the proposal if the Applicant does not request confidential treatment of any material contained in the proposal.

By signing below, the Applicant affirms that confidential treatment of material contained in the proposal is not requested.

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Printed Name]

\_\_\_\_\_  
[Title]

\_\_\_\_\_  
[Company]

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### **Section 2. Confidential Treatment Is Requested**

The section must be completed, signed, and submitted with the proposal if bidder requests confidential treatment of any material contained in the proposal. Submission of a completed CT Form is required to request confidential treatment.

Provide the information in the table below. Applicant may add rows or additional pages using the same format shown in the table. Applicant must specifically identify the information to be protected as confidential and state the reasons why protection is necessary. The CT Form will not be considered fully complete unless, for each confidentiality request, the Applicant: (1) identifies whether the material is a trade secret (TS), financial information (FI), or proprietary information (PI); (2) explains the specific legal grounds that support treatment of the material as TS, FI, or PI; and (3) provides the contact information for the person at bidder's organization authorized to respond to inquiries by the State concerning the material. Applicants must not simply cite to an applicable act or case name; rather, bidders must provide a complete justification as to how the material falls within the scope of an applicable act or relevant case law.

Application page #, paragraph #, and section #	State whether the material is a trade secret (TS), financial information (FI), or proprietary information (PI)	Explain the specific grounds in State or other applicable law which supports treatment of the material as TS, FI, or PI. Do not simply cite to the applicable act. Provide a complete justification as to how the material falls within the scope of the applicable act or relevant case law.	Provide the Applicant contact information

By signing below, the Applicant affirms that confidential treatment of material contained in its proposal is requested and has attached to this form a redacted "Public Copy" of the Applicant's proposal.

\_\_\_\_\_

Project Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

[Printed Name]

\_\_\_\_\_

[Title]

\_\_\_\_\_

[Company]