ATTACHMENT B — disclosure exemption

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized Representative of Applicant), being first duly sworn under oath, and representing [insert Applicant Name] (hereafter “Applicant”), hereby affirms that:

1. I am an employee of the Applicant, I have knowledge of the Request for Grant Applications referenced herein, and I have full authority from the Applicant to submit this exemption and accept the responsibilities stated herein.
2. I am aware that the Applicant has submitted an Application, dated on or about [insert date] (the “Application”), to the State of Oregon (State) in response to Request for Grant Applications #ODE-2000-23, for Healthy Families Oregon Service Provider in Coos and Curry counties, and I am familiar with the contents of the RFA and Application.
3. I have read and am familiar with the provisions of Oregon’s Public Records Law, Oregon Revised Statutes (“ORS”) 192.311 through 192.478, and the Uniform Trade Secrets Act as adopted by the State of Oregon, which is set forth in ORS 646.461 through ORS 646.475. And I understand that the Application is a public record held by a public body and is subject to disclosure under the Oregon Public Records Law unless specifically exempt from disclosure under that law.
4. I have reviewed the information contained in the Application. The Applicant believes the information listed in Exhibit A is exempt from public disclosure (collectively, the “Exempt Information”), which is incorporated herein by this reference. It is my opinion that the Exempt Information is exempt from disclosure under Oregon’s Public Records Law under the specifically designated sections as set forth in Exhibit A or constitutes “Trade Secrets” under either the Oregon Public Records Law or the Uniform Trade Secrets Act as adopted in Oregon because that information is either:
	1. A formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information that:
		1. is not patented,
		2. is known only to certain individuals within the Applicant’s organization and that is used in a business the Applicant conducts,
		3. has actual or potential commercial value, and
		4. gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.

or

* 1. Information, including a drawing, cost data, customer list, formula, pattern, compilation, program, device, method, technique or process that:
		1. Derives independent economic value, actual or potential, from not being generally known to the public or to other persons who can obtain economic value from its disclosure or use; and
		2. Is the subject of efforts by the Applicant that are reasonable under the circumstances to maintain its secrecy.
1. I understand that disclosure of the information referenced in Exhibit A may depend on official or judicial determinations made in accordance with the Public Records Law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Affiant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name, Title

State of \_\_\_\_\_\_\_\_\_\_\_)

 ) ss:

County of \_\_\_\_\_\_\_\_)

Signed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_ (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affiant’s name).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_

EXHIBIT A TO ATTACHMENT B

Applicant identifies the following information as exempt from public disclosure under the following designated exemption(s):