



NEBRASKA DEPARTMENT OF VETERANS' AFFAIRS

Nebraska Department of Veterans' Affairs Grant: Applicant Request for Non-Disclosure Exemption

Name and Address of institution making request: _____

Name, position, and contact information of representative making request: _____

I request that the information identified below, which is provided to the Nebraska Department of Veterans' Affairs (NDVA) in support of a grant application to NDVA, be regarded as confidential and exempted from public records requests. I have identified below the information which is to be covered by this request and which I believe qualifies for an exemption pursuant to Neb. Rev. Stat. § 84-712.05 or any other basis. For each item identified, I have provided a written explanation as to why the item should be regarded as confidential:

By _____ Date _____

NOTE: NDVA reserves the right to determine whether information submitted by the Applicant will be withheld from disclosure.