|  |  |  |  |
| --- | --- | --- | --- |
| ETF_logo_large |  | STATE OF WISCONSIN**Department of Employee Trust Funds****Robert J. Conlin** SECRETARY | 801 W Badger RoadPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax 608-267-4549etf.wi.gov |

**ETF0055 Designation of Confidential and Proprietary Information**

The attached material submitted in response to the RFI indicated above includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., 134.90(1)(c), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, be treated as confidential material and not be released without our written approval.

Prices always become public information when opened, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.

2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY (OR THE UNDERSIGNED MAY, AT ITS OPTION AND EXPENSE, UNDERTAKE ITS OWN DEFENSE TO ANY SUCH CHALLENGE, CHOOSING THE ATTORNEYS, CONSULTANTS, AND OTHER PROFESSIONALS TO REPRESENT ITS INTERESTS) AND AGREES TO HOLD THE STATE HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE STATE'S AGREEING TO WITHHOLD THE MATERIALS. IN THE EVENT OF ANY SUCH CHALLENGE, THE STATE OF WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS OR ITS AGENTS OR AFFILIATES SHALL PROVIDE NOTICE TO THE UNDERSIGNED REGARDING THE CHALLENGE~~.~~within three (3) days of the State’s receipt of such challenge.

The restrictions set forth in the RFI indicated above concerning confidentiality shall not apply to any information which is otherwise required to be disclosed pursuant to a valid request under the Public Records Law, Open Meetings Law or Wis. Stat. s. 40.07.

Failure to include this form in the response may mean that all information provided as part of the response will be open to examination and copying. The State considers other markings of confidential in the response to be insufficient. The undersigned agrees to hold the State harmless for any damages arising out of the release of any materials unless they are specifically identified below.

We request that the following pages from our response not be released (indicate Section, Page # and Topic):

|  |  |  |
| --- | --- | --- |
| Section  | Page #  | Topic  |

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

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

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

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

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

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

Vendor Name

Authorized Representative

Signature

Authorized Representative

Type or Print

Date

This document can be made available in accessible formats to individuals with disabilities, upon request.