



## **NORTHERN BORDER REGIONAL COMMISSION**

### **Build America Buy America Act (BABAA)**

**Type of Waiver:**

**Name of Applicant Entity:**

**Applicant UEI #:**

**Federal Awarding Agency Organizational Information:**

**Northern Border Regional Commission**

**Federal Assistance Name and Number:**

**CFDA#90.601**

**Federal financial assistance program name:**

**Federal Award Identification Number (FAIN)/  
NBRC Grant Award #:**

**NBRC**

**Federal financial assistance funding amount:  
(Include other federal funders name & amount)**

**Total Cost of infrastructure expenditures:  
(Federal and non-Federal funds to the extent known)**

**Infrastructure project description and location:**

Description:

Location:

Street:

Municipality:

State:

Zip:

**List of iron or steel item(s), manufactured products, and construction material(s) proposed to be excepted from Buy America requirements, including name, cost, country(ies) of origin (if known), and relevant PSC and NAICS code for each:**

Name of product	Cost	Country(ies of origin)	Relevant PSC	NAICS code

☐ I am an authorized official acting on behalf of \_\_\_\_\_, the entity who has received funding from the Northern Border Regional Commission.

☐ I made a good faith effort to solicit bids for domestic products supported by terms included in requests for proposals, contracts, and nonproprietary communications with the prime contractor

☐ The statement of waiver justification and description of efforts made in an attempt to avoid the need for a waiver are true to the best of my knowledge, information, and belief:

The anticipated impact if no waiver is issued for this project will be:

Relevant comments received through the public comment period:

**I, \_\_\_\_\_ verify that the facts set forth in this waiver request, and within the documentation supporting the waiver request are true and correct to the best of my knowledge, information, and belief.**

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Official

**FOR NBRC USE ONLY**

Waiver request received:

Date:

State:

Waiver request approved: ☐ Yes ☐ No

\_\_\_\_\_  
Christopher H. Saunders  
Federal Co-Chair | Northern Border Regional Commission

\_\_\_\_\_  
Date

If no, reasons for denial request:

Waiver requested posted:  
(Minimum of 15 days)

Waiver request sent to MAIO:

Waiver request approved by MAIO: ☐ Yes ☐ No

Program Team Notified/Waiver filed in grantee’s program file: