DISCLOSURES | BUY AMERICAN DEVIATION FORM

Buy American Provision Exception Form

Required for compliance with Public Law 105-336 (Section 104(d) of the William F. Goodling Child Nutrition Reauthorization Act of 1998)

Instructions: School Food Authorities (SFAs) utilize this form to document required exceptions to the Buy American Provision (7 CFR 210.21(d)). Vendors/Distributors must complete this form in full for any non-domestic food or beverage product proposed within this Request for Proposal (RFP) packet. Failure to document non-domestic items may result in disqualification or administrative findings.

School Food Authority (SFA): _____

Vendor Name: _____

RFP/Bid Number: _____

Date Submitted: _____

Non-Domestic Item Description & Brand	Country of Origin	Exception Justification (Check One)	Documentation of Due Diligence & Domestic Alternatives Considered	Price Comparison (If Cost Driven)
Line Item #1		☐ **Nonavailability**: Not produced in US in sufficient/satisfactory quality. ☐ **Cost:** Domestic cost significantly higher	Identify US manufacturers/distributors contacted, alternative items evaluated, or seasonal limitations	Domestic Price $ _____ Foreign Price $ _____
Line Item #2		☐ **Nonavailability**: Not produced in US in sufficient/satisfactory quality. ☐ **Cost:** Domestic cost significantly higher	Identify US manufacturers/distributors contacted, alternative items evaluated, or seasonal limitations	Domestic Price $ _____ Foreign Price $ _____
Line Item #3		☐ **Nonavailability**: Not produced in US in sufficient/satisfactory quality. ☐ **Cost:** Domestic cost significantly higher	Identify US manufacturers/distributors contacted, alternative items evaluated, or seasonal limitations	Domestic Price $ _____ Foreign Price $ _____

Vendor Certification: By signing below, the vendor certifies that the market research and documentation provided above is true and accurate to the best of their knowledge.

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature: _____

Date: _____