



## PUBLIC INTEREST PROJECT-SPECIFIC WAIVER FORM Build America, Buy America (BABA)

| Proje | ct Name:  |  |  |  |  |  |  |
|-------|---|--|--|--|--|--|--|
|       | Project Address:  |  |  |  |  |  |  |
|       | NH Housing Loan Number:   |  |  |  |  |  |  |
|       | of Request:   |  |  |  |  |  |  |
|       | e answer the questions below and attach all supporting documentation.   |  |  |  |  |  |  |
| 1.    | Would applying the BAP be inconsistent with public interest?  |  |  |  |  |  |  |
|       | YES NO  |  |  |  |  |  |  |
|       | If yes, please explain:   |  |  |  |  |  |  |
| 2.    | How would waiving the BAP for the project or product serve the public interest? <b>Attach documentation evidencing this.</b>                                |  |  |  |  |  |  |
|       |   |  |  |  |  |  |  |
| 3.    | What are the impacts on the community if a specific item, product, or material is not utilized in the project? <b>Attach documentation evidencing this.</b> |  |  |  |  |  |  |
|       |   |  |  |  |  |  |  |
| 4.    | Total estimated Infrastructure Costs (iron & steel, construction materials and manufactured products):  \$  |  |  |  |  |  |  |

| Federal Funds |      | Developer Funds |      | Other Funds |      |
|---------------|------|-----------------|------|-------------|------|
| Description   | Cost | Description     | Cost | Description | Cost |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |



| 5. | Total estimated Project Costs (everything): | \$ |  |
|----|---|----|--|
| 5. | Total estimated Project Costs (everything). | φ  |  |

| Federal Funds |      | Developer Funds |      | Other Funds |      |
|---------------|------|-----------------|------|-------------|------|
| Description   | Cost | Description     | Cost | Description | Cost |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |
|               |      |                 |      |             |      |

6. Please complete the below for the product you are seeking a waiver for. **Please attach supporting documentation evidencing the information below.** 

| Product Name          | Product<br>Classification<br>(I&S, CM or<br>MP) | Countries of origin (if known) | Made in<br>America<br>Cost | Foreign Cost | PSC or<br>NAICS<br>(see below) |
|-----------------------|---|--------------------------------|----------------------------|--------------|--------------------------------|
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
|                       |   |                                |                            |              |                                |
| Total                 |   |                                | \$                         | \$           |                                |
| Percentage Difference |   |                                |                            | %            |                                |

| • FSC Codes. https://www.acquisition.gov/psc-manua | <ul> <li>PSC Codes: https://www.acquisition.gov/psc-manu</li> </ul> |
|--|---|
|--|---|

• NAICS Codes: <a href="https://www.census.gov/naics/">https://www.census.gov/naics/</a>

| 7. | Identify any anticipated impacts if no waiver is granted. |
|----|---|
|    |   |
|    |   |



The undersigned hereby certifies that they 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.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802)."

|       |                            |                    | Signatur               | e of Authorized Official |
|-------|----------------------------|--------------------|------------------------|--------------------------|
|       |                            |                    |                        |                          |
|       |                            |                    | Printed Name and Title | e of Authorized Official |
|       |                            |                    |                        |                          |
|       |                            |                    |                        | Signature Date           |
|       |                            |                    |                        |                          |
|       | F                          | OR NEW HAMPSHIRE H | OUSING USE ONLY        |                          |
|       | •                          |                    | iodolito dol oner      |                          |
| Waive | r(s) approved, approved in | part or denied:    |                        |                          |
|       | Approved                   |                    |                        |                          |
|       | Approved in Part Denied    |                    |                        |                          |
|       | Defiled                    |                    |                        |                          |
| Cond  | itions:                    |                    |                        |                          |
|       |                            |                    |                        |                          |
|       |                            |                    |                        |                          |
|       |                            |                    |                        |                          |
|       |                            |                    |                        |                          |
|       |                            |                    |                        |                          |
| Name  | 9                          | Title              |                        | Date                     |