State of Wisconsin
Department of Natural Resources, CF/2
101 S. Webster St., PO Box 7921
Madison WI 53707-7921
Phone No. (608) 266-7555 FAX (608) 267-0496

Buy American Report to EIF
Cost of Materials Used in Project
and
Items Covered by De Minimis Waiver

☐ Clean Water Fund Program ☐ Small Loan Program ☐ Safe Drinking Water Loan Program

Municipality	EIF Project No.

Note: Recipients of financial assistance from the EIF under the American Recovery and Reinvestment Act of 2009 (ARRA) claiming that some of the materials procured for use in the project are covered by the nationwide *de minimis* waiver issued by EPA for incidental project components are required by the waiver to report to the EIF the total cost of materials used in and incorporated into the project and the total cost of incidental components covered by the waiver. The total cost of incidental components covered by the waiver must be no more than 5 percent of the total cost of the materials used in and incorporated into the project.

Recipients may summarize the cost of items by type and/or category or list each individual item. Attach additional pages if necessary, or make as many copies of the "ATTACHMENT" page as you need to list all the items. Recipients may use this form to report the required information to the EIF, or they may use their own spreadsheets, as long as they complete the summary information on pages 1 and 2, write "See attached," and attach the detailed cost information to the form. If coverage under the *de minimis* waiver is claimed, receipt of this information by the Department is mandatory prior to receiving a final disbursement.

Total Project Materials Cost $

De Minimis Items

Item No.	Description	Quantity	Unit	Unit Price	De Minimis Total
Example–by category:	*Bolts*				*$ 500.00*
by item: 0001	*#6 X 1 5/8" Drywall Screw, Coarse Thread*	*10*	*Box*	*$ 19.98*	*$ 199.80*

Item No.	Description	Quantity	Unit	Unit Price	De Minimis Total
Total Project Materials Cost (same as row 1)	**$**				
Total Covered by De Minimis Waiver					**$**
De Minimis 5% Limit	**$**				
Is de minimis total ≤ 5% of project total? ☐ **Yes** ☐ **No**					

Signature of Preparer	Date Signed
Name of Preparer (Print or Type)	Title of Preparer (Print or Type)

Certification

I certify that, to the best of my knowledge and belief, the information provided on this form is complete and correct.

Signature of Authorized Representative	Date Signed
Name of Authorized Representative (Print or Type)	Title of Authorized Representative (Print or Type)

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ATTACHMENT - Page ___ of ___

Item No.	Description	Quantity	Unit	Unit Price	De Minimis Total

				Unit	De Minimis
Item No.	**Description**	**Quantity**	**Unit**	**Price**	**Total**