

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-20 Education Policy Child Nutrition Program Administration 89 Washington Avenue, Room 375 EBA, Albany, NY 12234 (518) 473-8781 Fax (518) 473-0018 www.cn.nysed.gov

Buy American Accommodation Plan SY 2025-2026

Email the completed signed form to cn@nysed.gov

| School Food Authority (SFA) Name: |
|---|
| SFA LEA code: |
| Contact Name: |
| Title: |
| Phone Number: |
| Email Address: |
| Please select all categories of food that require an accommodation from the threshold requirement (i.e. exceeding 10 percent). Include the specific products being requested: Fruit: |
| Indicate reason for exceeding the Buy American 10% threshold requirement: |
| ☐ Timing of procurement cycle |
| Other, please describe |

| 2026-2027 school year? (i.e. changing menu to items more readily available domestically) |
|---|
| |
| Attestation Statement |
| The below attestation statement must be signed by an authorized SFA representative. |
| The above SFA attests that: |
| ☐ All non-domestic items purchased meet one of the two limited exceptions: |
| The product is listed on the Federal Acquisitions Regulations Non-available articles list found at 48 CFR 25.104 and/or is not produced or manufactured in the U.S. in sufficient and reasonably available quantities of a satisfactory quality; or |
| 2. Competitive bids reveal the costs of a U.S. product are significantly higher than the non-domestic product. |
| ☐ The SFA will maintain documentation to support compliance with all Buy American requirements. Documentation will be made available upon request. |
| Signature: Date: |

What steps will be taken to ensure the Buy American threshold of 10% will be met for the