

DATE: _____

PROJECT: _____

TO: _____ FROM: _____

SPECIFIED PRODUCT

SUBSTITUTION REQUEST FOR: _____

SPECIFICATION SECTION: _____ PAGE: _____ ARTICLE/PARAGRAPH: _____

PROPOSED SUBSTITUTION

PRODUCT: _____

MANUFACTURER: _____ WEBSITE: _____

ADDRESS: _____

REASON FOR SUBSTITUTION

- | | |
|---|---|
| <input type="checkbox"/> Discontinuation of product | <input type="checkbox"/> Not available |
| <input type="checkbox"/> Project cost savings | <input type="checkbox"/> Proven shortage (explain) |
| <input type="checkbox"/> Supplier, subcontractor, or contractor convenience | <input type="checkbox"/> Unavailable to meet project schedule |
| <input type="checkbox"/> Reduce project construction time | <input type="checkbox"/> Other: _____ |

EXPLANATION: _____

REASON FOR NOT GIVING PRIORITY TO SPECIFIED ITEMS

SUPPORTING DATA ATTACHED

- ☐ Product Data / Info Sheet
 - ☐ Samples
 - ☐ Drawings
 - ☐ Reports / Tests
-

PRODUCT / SYSTEM COMPARISON

Provide a one-to-one comparison of proposed substitution with ALL specified attributes and qualities of specified item(s).

	SPECIFIED PRODUCT	PROPOSED SUBSTITUTION
MANUFACTURER:	<hr/>	<hr/>
PRODUCT NAME/BRAND:	<hr/>	<hr/>
UNIT COST:	<hr/>	<hr/>
ATTRIBUTES:	<hr/>	<hr/>
QUALITIES:	<hr/>	<hr/>
VARIATIONS:	<hr/>	<hr/>
WARRANTY:	<hr/>	<hr/>
Etc:	<hr/>	<hr/>
	<hr/>	<hr/>
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EFFECT OF SUBSTITUTION

- Same warranty provided as specified base product: ☐ No ☐ Yes (If no, explain below.)
- Substitution affects other parts of work: ☐ No ☐ Yes (If yes, explain below.)
- Substitution requires dimensional revision or redesign of structure or mechanical or electrical work: ☐ No ☐ Yes (If yes, explain below.)

EXPLANATION:

TOTAL COST IMPLICATIONS OF SUBSTITUTION ON PROJECT: \$

 ☐ Additional ☐ Savings

TOTAL TIME IMPLICATIONS:

 days ☐ Additional ☐ Savings

STATEMENT OF CONFORMANCE OF REQUEST TO CONTRACT REQUIREMENTS

Supplier, Subcontractor, and Contractor in making substitution request or in using an approved substitution represent:

- ☐ Has personally investigated the proposed substitution and determined it is equal or superior in all respects to specified product or system and will perform intended function, except as stated above.
- ☐ Is in full compliance with applicable code requirements.
- ☐ Will provide same warranty for substitute item as for product, system, or method specified.
- ☐ Will coordinate installation of accepted substitution into Work, to include building modifications if necessary, making such changes as may be required for Work to be complete in all respects.
- ☐ If a finish product, color wise and pattern wise complies with base specified items.
- ☐ Certifies cost data presented is complete and includes all related costs under this Contract, excluding Architect's review and redesign cost.
- ☐ Will modify other parts of Work as needed, to make all parts of Work complete and functioning.
- ☐ Acknowledge acceptance of these provisions.

ACKNOWLEDGEMENTS

THE FOLLOWING FIRM HEREBY REQUESTS CONSIDERATION OF THIS PRODUCT OR SYSTEMS AS A SUBSTITUTION IN ACCORD WITH PROVISIONS OF CONTRACT DOCUMENTS

REQUESTED BY (FIRM): _____

ACKNOWLEDGED BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

SUBCONTRACTOR: _____

ACKNOWLEDGED BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

CONTRACTOR: _____

ACKNOWLEDGED BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

CONSTRUCTION MANAGER'S ACKNOWLEDGMENT AND RECOMMENDATION:

- ☐ Recommend approval for following reasons: COMMENTS: _____
- ☐ Do not recommend approval for following reasons: _____
- ☐ Returned to requester - Need more information: _____

CONSTRUCTION MANAGER: _____

ACKNOWLEDGED BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

DISTRIBUTION: ☐ Architect ☐ File

ARCHITECT'S ACTION / RECOMMENDATION:

- ☐ Recommend Owner's approval.
- ☐ Submitted to Owner for authorization for Architect's as Change in service to further evaluate.
- ☐ Do not recommend (see comments below).
- ☐ Rejected:
- ☐ Submitted after stipulated time period.
 - ☐ Not submitted in accordance with Section 01 25 13.
 - ☐ Acceptance will require substantial revision of Contract Documents, building or systems.
 - ☐ Request does not indicate specific item which is being requested.
 - ☐ Requested for manufacturer acceptance only.
 - ☐ Request form is not properly executed and signed.
 - ☐ Subcontractor or supplier requested directly.
 - ☐ Insufficient information submitted.
 - ☐ Does not comply color wise or pattern wise with base specified items.
 - ☐ Insufficient information submitted to evaluate.
 - ☐ Does not appear to comply with requirements of specifications for base product.
 - ☐ Other: _____

Additional information needed - Returned to CM/Contractor for providing following:

COMMENTS: _____

ARCHITECT: _____

BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

DISTRIBUTION: ☐ Owner ☐ CM/Contractor ☐ File

OWNER ACTION:

☐ Reject - Do not want to consider.

☐ Approved - Contractor may proceed with request as submitted.

☐ Approved – Architect directed as Change in Services to issue change document to incorporate substitution into contract Documents, adjust Contract Sum and/or Project time.

☐ Architect authorized as Change in Services to further evaluate and make recommendation.

☐ Additional information needed - Returned for providing following:

COMMENTS: _____

OWNER: _____

BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

DISTRIBUTION: ☐ Architect ☐ CM/Contractor ☐ File

ARCHITECT FURTHER ACTION / RECOMMENDATION (if needed):

- ☐ Incorporating into change document _____ as directed by Owner.
- ☐ Recommend Owner's approval.
- ☐ Do not recommend.

COMMENTS: _____

ARCHITECT: _____

BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

DISTRIBUTION: ☐ Owner ☐ CM/Contractor ☐ File

OWNER FURTHER ACTION (if needed):

- ☐ Reject - Do not want to consider.
- ☐ Approved - Contractor may proceed with request as submitted.
- ☐ Approved – Architect directed as Change in Services to issue change document to incorporate substitution into contract Documents, adjust Contract Sum and/or Project time.
- ☐ Additional information needed - Returned for providing following:

COMMENTS: _____

OWNER: _____

BY (PRINT): _____ (SIGN): _____

POSITION: _____ DATE: _____

PHONE: _____

DISTRIBUTION: ☐ Architect ☐ CM/Contractor ☐ File

END OF SUBSTITUTION REQUEST