# SUBSTITUTION REQUEST FORM

**ATTENTION:** Name of A/E firm administering the Project

Attn: A/E Project Manager

A/E Project Managers e-mail address

**PROJECT NAME: Project Number and Name**

Client Name

**Date Submitted: Date**

**Submitted By:** **On behalf of:**

 Proposer of Substitution Contractor (required if post bid)

We hereby submit for consideration, the following product instead of the specified item for above project:

|  |  |  |
| --- | --- | --- |
| **SECTION** | **PARAGRAPH** | **SPECIFIED ITEM** |
|  |  |  |
| **Proposed Substitution:** |

|  |
| --- |
| **If requesting after issuance of Contractor’s Notice to Proceed, State reason for request:** |

Attach complete dimensional information and technical data, including laboratory tests, if applicable.

Include complete information on changes to Drawings and Specifications which proposed substitution will require for its proper installation.

Submit with request all necessary samples and substantiating data to provide equal quality, performance, and appearance to that specified. Clearly mark Manufacturer's literature to indicate equality or equivalence in performance. Indicate differences in quality of materials and construction.

**Fill in blanks below:** *(please note – failure to provide a complete and thorough answer to any of the questions below will result in rejection of request. A response of Not Applicable, will also be result in rejection)*.

|  |
| --- |
| 1. Does the substitution affect dimensions shown on Drawings: Yes / No *If yes, clearly indicate changes*:
 |
| B. What effect does substitution have on other trades, other Contracts, and contract completion date?  |
| C. What effect does substitution have on applicable code requirements?  |
| D. Differences between proposed substitution and specified item:  |
| E. Manufacturer's warranties of the proposed and specified items are: Same / Different (explain)  |
| F. List of names and addresses of 3 similar projects on which product was used, date of installation, and A/E's name and address: *(Attach list with requested information)*  |
| G. Cost impact:  |
| H. Has the submitter informed the Contractor of all changes or impacts to other trades and construction, and have all potential costs impacts have been fully addressed without any cost impact to the Owner? Yes / No |

**CERTIFICATION OF EQUAL OR EQUIVALENT PERFORMANCE AND ASSUMPTION OF LIABILITY FOR EQUAL OR EQUIVALENT PERFORMANCE:**

*See Division 01 2500 Sections 3.02 & 3.03 for Pre & Post Bid Language.*

**The undersigned agrees to pay for costs associated with changes to the building design, including engineering and detailing caused by the requested substitution.***(Signature must be by person having authority to legally bind the Contractor/Subcontractor/Supplier to the above terms)*

Signature Printed Name

Firm

Address

Telephone E-mail

## **For Use by A/E**

Remarks:

 Accepted Not Accepted Accepted as Noted Received Too Late

For Use by DES PM:

 Accepted Not Accepted Accepted as Noted Received Too Late

**Other Comments:**