REQUEST FOR SUBSTITUTION

Substitutions PRIOR to bid opening must be submitted a minimum of seven (7) calendar days prior to the time established for the receipt of bids. **Substitutions FOLLOWING the award of an Agreement** must be submitted within sixty (60) calendar days from the issuance of the Notice to Proceed.

Project Name: _____

Project Number (Number as shown on the plans): _____

Consultant Name: _____

Bidder/Contractor requesting substitution: _____

Bidder/Contractor hereby requests acceptance of the following product or systems as a substitution in accordance with the provisions of the General Conditions.

Specified Product, material, equipment, or system: _____

_____

Specification Section Number: _____ Drawing Sheet No: _____

Proposed Substitution: _____

_____

Provide the following documentation and other information as appropriate to indicate compliance with the requirements for substitutions:

- Product Data, including drawings and descriptions of projects, fabrication and installation procedures.
- Samples.
- A detailed comparison of significant qualities of the proposed substitution with those specified.
- A list of changes or modifications needed to other parts of the Work and to construction preformed by the Owner or separate Contractors, that will be necessary to accommodate the proposed substitution.
- A statement indicating the substitution's possible effect on the Construction Schedule compared to the schedule without approval of the substitution.

Describe any performance, warranty, or other items that differ from the original specification.

_____

_____

_____

_____

_____

I/we have investigated the proposed substitution and believe that it is equivalent or superior in all respects to the specified Work except as noted above and will pay costs to modify other parts of the Work as may be needed to make all parts of the Work complete and functioning as a result of this substitution.

Name: _____ Signature: _____

Firm: _____ Email address: _____

Phone: _____ Date: _____

Approved by: _____ Date:_____