

DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SPECIFIED PRODUCT**

SUBSTITUTION REQUEST FOR: \_\_\_\_\_

SPECIFICATION SECTION: \_\_\_\_\_ PAGE: \_\_\_\_\_ ARTICLE/PARAGRAPH: \_\_\_\_\_

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**PROPOSED SUBSTITUTION**

PRODUCT: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REASON FOR NOT GIVING PRIORITY TO SPECIFIED ITEMS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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).

	<b>SPECIFIED PRODUCT</b>	<b>PROPOSED SUBSTITUTION</b>
MANUFACTURER:	_____	_____
PRODUCT NAME/BRAND:	_____	_____
UNIT COST:	_____	_____
ATTRIBUTES:	_____	_____
QUALITIES:	_____	_____
VARIATIONS:	_____	_____
WARRANTY:	_____	_____
Etc:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

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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: \_\_\_\_\_

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TOTAL COST IMPLICATIONS OF SUBSTITUTION ON PROJECT: \$ \_\_\_\_\_       Additional       Savings

TOTAL TIME IMPLICATIONS: \_\_\_\_\_ days       Additional       Savings

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## 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.

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## 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: \_\_\_\_\_

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**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

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARCHITECT:** \_\_\_\_\_

BY (PRINT): \_\_\_\_\_ (SIGN): \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DISTRIBUTION:  Owner  CM/Contractor  File

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**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

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**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

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**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**