SECTION 012500.13

SUBSTITUTION REQUEST FORM

PROJECT: _______________________________ (After Contract Award)

TO: ___________________________________
    ___________________________________

NO. __________   DATE: ________________

Contractor hereby requests acceptance of the following product or system as a substitution in accordance with provisions of Division 01 Section 012500 “Substitution Procedures”:

1. SPECIFIED PRODUCT OR SYSTEM

   Substitution request for: ___________________________________________________________

   Specification Section No.: ___________________ Article/ Paragraph: _________________

2. REASON FOR SUBSTITUTION REQUEST

   SPECIFIED PRODUCT                              PROPOSED PRODUCT
   □ Is no longer available                          □ Will reduce construction time
   □ Is unable to meet project schedule             □ Will result in cost savings of
   □ Is unsuitable for the designated application  $ ______________ to Project
   □ Cannot interface with adjacent materials       □ Is for supplier’s convenience
   □ Is not compatible with adjacent materials      □ Is for subcontractor’s convenience
   □ Cannot provide the specified warranty          □ Other: _________________________
   □ Cannot be constructed as indicated            _______________________________
   □ Cannot be obtained due to one or more of the following:
       □ Strike                                     □ Bankruptcy of manufacturer or supplier
       □ Lockout                                    □ Similar occurrence (explain below)

3. SUPPORTING DATA

   □ Drawings, specifications, product data, performance data, test data, and any other necessary information to facilitate review of the Substitution Request are attached.

   □ Sample is attached                          □ Sample will be sent if requested

4. QUALITY COMPARISON

   Provide all necessary side-by-side comparative data as required to facilitate review of Substitution Request:

   SPECIFIED PRODUCT                              PROPOSED PRODUCT

   Manufacturer: ________________________________________________________________
Name / Brand: ________________________________
Catalog No.: __________________________________
Vendor: ________________________________________
Variations: ______________________________________

(Add Additional Sheets If Necessary)

Local Distributor or Supplier: ________________________________
Maintenance Service Available:  □ Yes  □ No
Spare Parts Source: _______________________________________
Warranty: □ Yes  □ No  _____ Years

5. PREVIOUS INSTALLATIONS

Identification of at least three (3) similar projects on which proposed substitution was used:

PROJECT #1
Project: ____________________________________________
Address: __________________________________________
Architect: __________________________________________
Owner: ____________________________________________
Contractor: _________________________________________
Date Installed: ______________________________________

PROJECT #2
Project: ____________________________________________
Address: __________________________________________
Architect: __________________________________________
Owner: ____________________________________________
Contractor: _________________________________________
Date Installed: ______________________________________

PROJECT #3
Project: ____________________________________________
Address: __________________________________________
Architect: __________________________________________
Owner: ____________________________________________
Contractor: _________________________________________
Date Installed: ______________________________________
Architect: _______________________________________________________
Owner: _______________________________________________________
Contractor: ___________________________________________________
Date Installed: ________________________________________________

6. EFFECT OF SUBSTITUTION

Proposed substitution affects other work or trades: ☐ No ☐ Yes (if yes, explain)

_______________________________________________________________________
_______________________________________________________________________

Proposed substitution requires dimensional revisions or redesign of architectural, structural, M-E-P, life safety, or other work:
☐ No ☐ Yes (if yes, attach data explaining revisions)

7. STATEMENT OF CONFORMANCE OF REQUEST TO CONTRACT REQUIREMENTS

Contractor and Subcontractor have investigated the proposed substitution and hereby represent that:
A. They have personally investigated the proposed substitution and believe that it is equal to or superior in all respects to specified product, except as stated above;
B. The proposed substitution is in compliance with applicable codes and ordinances;
C. The proposed substitution will provide same warranty as specified for specified product;
D. They will coordinate the incorporation of the proposed substitution into the Work, and will include modifications to the Work as required to fully integrate the substitution;
E. They have included complete cost data and implications of the substitution (attached);
F. They will pay any redesign fees incurred by the Architect or any of the Design Professional’s consultants, and any special inspection costs incurred by the Owner, caused by the use of this product;
G. They waive all future claims for added cost or time to the Contract related to the substitution, or that become known after substitution is accepted.
H. The Design Professional’s approval, if granted, will be based upon reliance upon data submitted and the opinion, knowledge, information, and belief of the Design Professional at the time decision is rendered and Addendum is issued; and that Design Professional’s approval therefore is interim in nature and subject to reevaluation and reconsideration as additional data, materials, workmanship, and coordination with other work are observed and reviewed.

Contractor: _______________________________________________________
(Name of Contractor)
Date: ___________________ By: ________________________________

Subcontractor: ____________________________________________________
(Name of Subcontractor)
Date: ___________________ By: ________________________________

Note: Unresponsive or incomplete requests will be rejected and returned without review.

8. DESIGN PROFESSIONAL’S REVIEW AND ACTION
☐ Substitution is accepted.

☐ Substitution is accepted, with the following comments: ________________________________
________________________________________________________________________________
________________________________________________________________________________

☐ Resubmit Substitution Request:
☐ Provide more information in the following areas: ________________________________
________________________________________________________________________________
________________________________________________________________________________

☐ Provide proposal indicating amount of savings / credit to Owner
☐ Bidding Contractor shall sign Bidder's Statement of Conformance
☐ Bidding Subcontractor shall sign Bidder's Statement of Conformance

☐ Substitution is not accepted:
☐ Substitution Request received too late.
☐ Substitution Request received directly from subcontractor or supplier.
☐ Substitution Request not submitted in accordance with requirements.
☐ Substitution Request Form is not properly executed.
☐ Substitution Request does not indicate what item is being proposed.
☐ Insufficient information submitted to facilitate proper evaluation.
☐ Proposed product does not appear to comply with specified requirements.
☐ Proposed product will require substantial revisions to Contract Documents.

By: ____________________________________________
Date: ______________________________

Design Professional has relied upon the information provided by the Contractor, and makes no claim as to the accuracy, completeness, or validity of such information. If an accepted substitution is later found to be not in compliance with the Contract Documents, Contractor shall provide the specified product.

9. OWNER’S REVIEW AND ACTION

☐ Substitution is accepted for items not involving additional costs.

☐ Substitution is not accepted.

By: ____________________________________________

(Owner’s Construction Manager)

Date: ______________________________

END OF FORM