University Project Name:       Substitution Request #:

University Project #:       From:

To:       Date:

       A/E Project Number:

Re:       Contract For:

Specification Title**:**       Description**:**

Section:       Page:       Article/Paragraph:

Proposed Substitution:

Manufacturer:       Address:       Phone:

Trade Name:       Model No.:

Installer:       Address:       Phone:

History: [ ]  New Product [ ]  1-4 years old [ ]  5-10 years [ ]  More than 10 years old

Differences between proposed substitution and specified product:

[ ]  Point-by-point comparative data attached [ ]  Comparison of cost attached [ ]  Comparison of Contractor schedule attached

Reason for not providing specified item:

Similar Installation - Provide list of 3 installations with the following information:

Project Name, Address, Date Installed, Owner’s contact information and Consultant of Record contact information.

Proposed substitution affects other parts of Work: [ ]  No [ ]  Yes; explain:

Savings to Owner for accepting substitutions:       ($      )

Proposed substitution affects other parts of Work: [ ]  No [ ]  Yes [Add} [Deduct]       days.

Supporting Data Attached: [ ]  Drawings [ ]  Product Data [ ]  Samples [ ] Tests [ ]  Reports [ ]

 [ ]  Certificates Data [ ]  ICC-ES Report

**EXHIBIT E012500 - SUBSTITUTION REQUEST FORM**

**(Continued)**

The Undersigned certified:

* Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.
* Same warranty will be furnished for proposed substitution as for specified product.
* Same maintenance service and source of replacement parts, as applicable, is available.
* Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
* Cost data as stated above is complete. Claims for additional costs related to accepted substitution which may subsequently become apparent are to be waived.
* Proposed substitution does not affect dimensions and functional clearances.
* Payment will be made for changes to building design, including A/E design, detailing and construction costs caused by the substitution.
* Coordination, installation, and changes in the work as necessary for accepted substitution will be complete in all respects.

Submitted by:

Signed by

Firm:

Address:

Telephone:

Attachments: [ ]

A/E’s REVIEW AND ACTION

[ ]  Substitution approved – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.

[ ]  Substitution approved as noted – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.

[ ]  Substitution rejected – Use specified materials.

[ ]  Substitution Request received too late – Use specified materials.

Signed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: [ ]  Contractor [ ]  Subcontractor [ ]  Supplier [ ]  Manufacturer [ ]  A/E