|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION  **PRODUCT SUBSTITUTION REQUEST** | | | | |
| PROJECT NUMBER | |
| PROJECT TITLE AND LOCATION | | | | | | | | | |
| CHECK APPROPRIATE BOX | | | | | | | | | |
|  | SUBSTITUTION PRIOR TO BID OPENING  (Minimum of (5) working days prior to receipt of Bids as per Article 4 – Instructions to Bidders) | | | | | | | | |
|  | SUBSTITUTION FOLLOWING AWARD  (Maximum of (20) working days from Notice to Proceed as per Article 3 – General Conditions) | | | | | | | | |
| FROM: BIDDER/CONTRACTOR (PRINT COMPANY NAME) | | | | | | | | | |
| TO: ARCHITECT/ENGINEER (PRINT COMPANY NAME) | | | | | | | | | |
| Bidder/Contractor hereby requests acceptance of the following product or systems as a substitution in accordance with provisions of Division One of the Bidding Documents: | | | | | | | | | |
| SPECIFIED PRODUCT OR SYSTEM | | | | | | | | | |
| SPECIFICATION SECTION NO. | | | | | | | | | |
| SUPPORTING DATA | | | | | | | | | |
|  | | Product data for proposed substitution is attached (include description of product, standards, performance, and test data) | | | | | | | |
|  | | Sample | |  | Sample will be sent, if requested | | | | |
| **QUALITY COMPARISON** | | | | | | | | | |
|  | | | | | | SPECIFIED PRODUCT | SUBSTITUTION REQUEST | | |
| NAME, BRAND | | | | | |  |  | | |
| CATALOG NO. | | | | | |  |  | | |
| MANUFACTURER | | | | | |  |  | | |
| VENDOR | | | | | |  |  | | |
| **PREVIOUS INSTALLATIONS** | | | | | | | | | |
| PROJECT | | | | | | ARCHITECT/ENGINEER | | | |
| LOCATION | | | | | | | | | DATE INSTALLED |
| **SIGNIFICANT VARIATIONS FROM SPECIFIED PRODUCT** | | | | | | | | | |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REASON FOR SUBSTITUTION** | | | | |
| **DOES PROPOSED SUBSTITUTION AFFECT OTHER PARTS OF WORK?** | | | | |
|  | YES |  | NO | |
| IF YES, EXPLAIN | | | | |
| **SUBSTITUTION REQUIRES DIMENSIONAL REVISION OR REDESIGN OF STRUCTURE OR A/E WORK** | | | | |
|  | YES |  | NO | |
| **BIDDER’S/CONTRACTOR’S STATEMENT OF CONFORMANCE OF PROPOSED SUBSTITUTION TO CONTRACT REQUIREMENT:**  We have investigated the proposed substitution. We believe that it is equal or superior in all respects to specified product, except as stated above; that it will provide the same Warranty as specified product; that we have included complete implications of the substitution; that we will pay redesign and other costs caused by the substitution which subsequently become apparent; and that we 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 the substitution. | | | | |
| BIDDER/CONTRACTOR | | | | DATE |
| REVIEW AND ACTION | | | | |
|  | Resubmit Substitution Request with the following additional information: | | | |
|  | | | | |
|  | Substitution is accepted. | | | |
|  | Substitution is accepted with the following comments: | | | |
|  | | | | |
|  | Substitution is not accepted. | | | |
| ARCHITECT/ENGINEER | | | | DATE |

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COPIES: Designer, Contractor, Agency, Project Manager, Construction Rep

SECTION 006325 – SUBSTITUTION REQUEST