

SECTION 012500 - SUBSTITUTION REQUEST FORM

Document 012500.01 SUBSTITUTION REQUEST FORM

This 4-page Substitution Request Form is to be **FULLY** completed by the Constructor and attached to **ALL** substitutions for this Project. Use additional sheets as needed. Attach supporting / substantiating documentation to this form. Modifications to form: Prohibited.

PART A: GENERAL SUBMITTAL INFORMATION:

Penn State Harrisburg
Stadium Seating & Restroom Building

A.1: ARCHITECT:

Weber Murphy Fox, Inc.

A.2: CONSTRUCTOR / Contractor

Name: _____

A.3: SUBCONTRACTOR: Contact Information

Name: _____

Address: _____

Phone Number: _____

A.4: VENDOR: Company Contact Information

Name: _____

Address: _____

Phone Number: _____

A.5: DATE SUBMITTED TO CONSTRUCTOR: _____

A.6: DATE SUBMITTED TO A/E: _____

A.7: SUBMITTAL NUMBER: _____

A.8: SPECIFICATION SECTION REFERENCE: _____

A.9: SPECIFICATION PAGE NUMBER: _____

A.10: SPECIFICATION ARTICLE NUMBER: _____

A.11: DRAWING SHEET NUMBER(s): _____

A.12: DETAIL SHEET NUMBER(s): _____

A.13: CHANGE TO CONTRACT SUM:

Savings to Owner for accepting substitution: \$ _____

A.14: CHANGE TO PROJECT SCHEDULE, TOTAL:

☐ None ☐ Yes [Add] [Deduct] # Calendar Days: _____

A.15 ATTACHMENTS: Label each page with Submittal Number. Attach supporting documentation sufficient for Architect to evaluate substitution. Forms submitted without adequate documentation will be returned without review. Samples required with each form.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Product Data | <input type="checkbox"/> Warranties |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> MSDS |
| <input type="checkbox"/> Samples | <input type="checkbox"/> Schedules |
| <input type="checkbox"/> Reports | <input type="checkbox"/> Calculations |
| <input type="checkbox"/> Tests | <input type="checkbox"/> 3 rd Party Certification |

PART B: REASON FOR SUBSTITUTION: Check all which apply. Attach evidence / supporting documentation for each.

B.1: SPECIFIED PRODUCT....

- ☐ Is no longer available.
- ☐ Is unable to meet project schedule.
- ☐ Is unsuitable for the designated application
- ☐ Cannot interface with adjacent materials
- ☐ Cannot provide the specified warranty
- ☐ Cannot be constructed as indicated
- ☐ Cannot be obtained due to one or more of the following:
 - ☐ Strike
 - ☐ Lockout
 - ☐ Similar Occurrence (explain)

☐ Other: _____

B.2: PROPOSED PRODUCT....

- ☐ Will reduce material lead time, # Calendar Days: _____
- ☐ Will reduce material installation time, # Calendar Days: _____
- ☐ Is for supplier's convenience
- ☐ Is for subcontractor's convenience
- ☐ Other: _____

B.3 SCOPE OF SUBSTITUTION: Describe the extents of the substitution and how it may impact related work.

PART C: PROPOSED PRODUCT INFORMATION: Attach complete documentation

C.1: Product Description / Name: _____

C.2: Specified Manufacturer: _____ Model Number: _____

C.3: Proposed Manufacturer: _____ Model Number: _____
(company name & address) _____

C.4: Manufacturer's Contact Info: Name: _____ Phone Number: _____

C.5: Deviation from Contract Documents? ☐ NO Deviations ☐ YES (attach complete documentation)

C.6: LEED Data Sheet required? ☐ NO ☐ YES (attach complete documentation)

C.7: LEED Data Sheet submitted? ☐ NO ☐ YES (attach complete documentation)

C.8: Lead Time (in weeks) after Approval: _____ C.9: Maintenance Service Available? ☐ NO ☐ Yes

C.10: Date (yyyy-mm-dd) Items Required at Project Site: _____ C.11: Warranty: ☐ NO ☐ Yes, Years: _____

C.12: Age of product availability in USA Marketplace: _____ C.13: Country of Origin: _____

C.14 COMPARISON BETWEEN PROPOSED PRODUCT WITH SPECIFIED PRODUCT: Provide point-by-point comparison

PROPOSED PRODUCT

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

SPECIFIED PRODUCT

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

Continue comparison / list of deviations on attachment.

C.13: SIMILAR INSTALLATIONS: List minimum of three similar installations within 250 miles of this project's site.

PROJECT 1: PROJECT NAME: _____ Project Completion Date: _____

PROJECT ADDRESS: _____

OWNER'S NAME & CONTACT INFO: _____

ARCHITECT'S NAME & CONTACT INFO: _____

PROJECT 2: PROJECT NAME: _____ Project Completion Date: _____

PROJECT ADDRESS: _____

OWNER'S NAME & CONTACT INFO: _____

ARCHITECT'S NAME & CONTACT INFO: _____

PROJECT 3: PROJECT NAME: _____ Project Completion Date: _____

PROJECT ADDRESS: _____

OWNER'S NAME & CONTACT INFO: _____

ARCHITECT'S NAME & CONTACT INFO: _____

PART D: SUBCONTRACTOR COORDINATION IS REQUIRED WITH WORK IN THESE DIVISIONS

☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14
☐ 21 ☐ 22 ☐ 23 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 31 ☐ 32 ☐ 33 (Constructor mark all that apply)

D.1: DESCRIPTION OF HOW PROPOSED SUBSTITUTION AFFECTS OTHER WORK OR TRADES:

D.2: IMPACT TO CONTRACT DOCUMENTS:

Proposed substitution dimensionally changes or otherwise impacts the contract document and requires revisions to contract documents. ☐ NO ☐ YES, Explain. Attach copies of contract documents showing impact at each instance.

PART F: CONTRACTOR'S AFFIDAVIT: The Constructor certifies product submitted complies with the project LEED Certificate requirements and with the Specified Requirements by initialing each line below:

REQUIREMENT	INITIALS	REQUIREMENT	INITIALS
1: Investigating for code compliance	_____	9: VOC Verification	_____
2: Independent Verification Testing	_____	10: Warranties and Guarantees	_____
3: Calculation for Percentage of Project	_____	11: Cost Data (include as attachment)	_____
4: Calculation for Recycled Content	_____	12: Coordination with interfacing products and systems	_____
5: Investigated the proposed substitution and believe that it is equal to or superior in all respects to specified product, except as stated herein	_____	13: Constructor will pay any redesign fees incurred by the Architect or any of the Architect's consultants and any special inspection costs incurred by the Owner, caused by the use of this product	_____
6: Constructor waives all future claims for added cost or time to the Contract related to the substitution, or that become known after substitution is accepted.	_____		
7: The Architect's approval, if granted, will be based upon reliance upon data submitted and the opinion, knowledge, information, and belief of the Architect at the time decision is rendered and Addendum is issued; and that Architect'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. Initials: _____			
8: If an accepted substitution is later found to be not in compliance with the Contract Documents, Contractor shall provide the specified product. Initials: _____			

F.14: Company Name Submitted By: _____

F.15: Company Address Submitted By: _____

F.16: Authorized Signature: _____

F.17: Printed Name: _____ Date Signed: _____

PART G: RESPONSE DATE

Requested Response Date *: _____

List date by which response by Architect is requested to maintain project schedule and allow sufficient time for inclusion of proposed substitution. * Shall be not less than 10 business days from date substitution request is received.

PART G: ARCHITECT'S REVIEW AND ACTION: This section to be completed by Architect

☐ SUBSTITUTION IS ACCEPTED

☐ SUBSTITUTION IS ACCEPTED W/ COMMENTS

RESUBMIT SUBSTITUTION REQUEST

☐ Request Form is not properly executed

☐ Provide proposal indicating amount of savings or credit to Owner.

☐ Other: _____

Reviewer: _____ Date: _____

SUBSTITUTION IS NOT ACCEPTED:

☐ Request not received directly from Constructor.

☐ Request not submitted in accordance with requirements.

☐ Request Form is not properly executed.

☐ Request does not indicate what item is being proposed.

☐ Insufficient information submitted for proper evaluation.

☐ Proposed product does not appear to comply with Specified requirements.

☐ Proposed product will require substantial revisions to the Contract Documents.

☐ Other: _____

Architect has relied upon the information provided by the Constructor, 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.

PART H: ARCHITECT'S CONSULTANT REVIEW AND ACTION: This section to be completed by Architect's Consultant.

☐ SUBSTITUTION IS ACCEPTED

☐ SUBSTITUTION IS ACCEPTED W/ COMMENTS

RESUBMIT SUBSTITUTION REQUEST

☐ Request Form is not properly executed

☐ Provide proposal indicating amount of savings or credit to Owner.

☐ Other: _____

Reviewer: _____ Date: _____

SUBSTITUTION IS NOT ACCEPTED:

☐ Request not received directly from Constructor.

☐ Request not submitted in accordance with requirements.

☐ Request Form is not properly executed.

☐ Request does not indicate what item is being proposed.

☐ Insufficient information submitted for proper evaluation.

☐ Proposed product does not appear to comply with Specified requirements.

☐ Proposed product will require substantial revisions to the Contract Documents.

☐ Other: _____

PART I: OWNER'S REVIEW AND ACTION: This section to be completed by Owner.

☐ SUBSTITUTION IS ACCEPTED

☐ SUBSTITUTION IS NOT ACCEPTED

OWNER'S REPRESENTATIVE (Print Name): _____ Dated Signed: _____

OWNER'S REPRESENTATIVE (Signature): _____

COMMENTS: _____

- continued on next page -

PART J: LIST OF ATTACHMENTS: In the space below, list each attachment, and quantity of pages for each.
Mark each page with Attachment and Substitution request number.

J.01: ATTACHMENT 01:	_____	Pages: _____
J.02: ATTACHMENT 02:	_____	Pages: _____
J.03: ATTACHMENT 03:	_____	Pages: _____
J.04: ATTACHMENT 04:	_____	Pages: _____
J.05: ATTACHMENT 05:	_____	Pages: _____
J.06: ATTACHMENT 06:	_____	Pages: _____
J.07: ATTACHMENT 07:	_____	Pages: _____
J.08: ATTACHMENT 08:	_____	Pages: _____
J.09: ATTACHMENT 09:	_____	Pages: _____
J.10: ATTACHMENT 10:	_____	Pages: _____
J.11: ATTACHMENT 11:	_____	Pages: _____
J.12: ATTACHMENT 12:	_____	Pages: _____
J.13: ATTACHMENT 13:	_____	Pages: _____
J.14: ATTACHMENT 14:	_____	Pages: _____
J.15: ATTACHMENT 15:	_____	Pages: _____
J.16: ATTACHMENT 16:	_____	Pages: _____
J.17: ATTACHMENT 17:	_____	Pages: _____
J.18: ATTACHMENT 18:	_____	Pages: _____
J.19: ATTACHMENT 19:	_____	Pages: _____
J.20: ATTACHMENT 20:	_____	Pages: _____
J.21: ATTACHMENT 21:	_____	Pages: _____
J.22: ATTACHMENT 22:	_____	Pages: _____

- END OF FORM -

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