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| **Request Phase:** | | | | | **Pre-Bid** | |  | | | | **Post Bid** | | | |  | | | | | | | (*See Article 15 Materials: Standards, General Conditions*) | | | | | | | | | | | | | | | | | |
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| **(If Pre-bid only) Current Bid Due Date:** | | | | | | | | | | | |  | | | | | | | **Request No.:** | | | | | | | |  | | | | | **Dated:** | | | |  | |  | |
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| **To:** | | **State of Connecticut**  **Department of Administrative Services,**  **Construction Services** | | | | | | | | | | | | | | | | **DAS Project No.:** | | | | | | | | |  | | | | | | | | | | |  | |
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| **Project Name / Location:** | | | | | | | | |  | | | | | | | | | | |  | |
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| **References:** | | | Specification(s): | | | | | Section(s): | | | | | | | |  | | | | | | | | | | Paragraph(s): | | | | | | | |  | | | |  | |
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|  | | | Drawing(s): | | | | | Drawing(s) No(s): | | | | | | | |  | | | | | | | | | | Detail(s) No(s): | | | | | | | |  | | | |  | |
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| **Contractually Specified Product:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Contractor Proposed Product:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Proposed Product is:** | | | | | | | | | Equal: | | | | |  | | | Substitute: | | | | | | | |  | | | Model No.: | | | | |  | | | | |  | |
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| ***IMPORTANT:***  ***See Attached Data For Both Specified And Proposed Products***  ***As Required By Article 15 General Conditions.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Data attached:** | | | | Drawings: | | | | |  | | | | Product Data: | | | | | | | | | |  | Reports: | | | | | |  | Samples: | | | |  | |  | | |
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|  | | | | Tests: | | | | |  | | | | Other: | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
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| **Reason(s) for not providing the Specified Product:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Similar Installation:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Project Name:** | | | | | |  | | | | | | | | | | | | | | **Architect’s Name:** | | | | | | | | |  | | | | | | | | | |  |
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| **Project Location:** | | | | | |  | | | | | | | | | | | | | | **Owner’s Name:** | | | | | | | | |  | | | | | | | | | |  |
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|  | | | | | | **Date Installed:** | | | | | | | | |  | | | | | | | | | |  |
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| **Will proposed substitution impact other parts of the Work?** | | | | | | | | | | | | | | | **No** | | | |  | | | | **Yes** | | |  | | | ***If Yes Attach An Explanation.*** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |  |
| **Will proposed substitution increase Contract Time?** | | | | | | | | | | | | | | | **No** | | | |  | | | | **Yes** | | |  | | | ***By Number Of Calendar Days*** | | | | | | | | | | | |  | |  |
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| **Actual Dollar Savings to the State of Connecticut if substitution is accepted:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | |  | | | | | | | | |  |
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| **The Undersigned Certifies:**  **That The Proposed Request For An Equal Or Substitute Product Conforms To All Of The Requirements Of Division 01 General Requirements, Section 01 25 00 Substitution Procedures.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Request Submitted By General Contractor / CMR:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | *(Firm’s Typed Name)* | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **By:** | | |  | | | | | |  |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |  | | | |  |
|  | | | *(Typed Name)* | | | | | |  | *(Title)* | | | | | | | | | | |  | | | *(Signature)* | | | | | | | | | | | | |  | | *(Date)* | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | | | | |
| **Contractor / CMR** **Send copies to :** | | | | | | | | | | | **DAS PM:** | | | | |  | | | | **CA:** | | | | | | |  | | |  | | | | | | | | | | | | | |
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| **Consultant’s Request Received on (Date):** | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Consultant’s Review – This Substitution Request is:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | **Approved:** | | | | | | ***(Submittal(s) in accordance with Div. 01 General Requirements, Section 01 33 00 Submittal Procedures*.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Approved as Noted:** | | | | | | ***(Submittals in accordance with Div. 01 General Requirements, Section 01 33 00 Submittal Procedures*.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Rejected:** | | | | | | **Use Specified Materials.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Rejected:** | | | | | | **Request Not Received Within Specified Time Period - Use Specified Materials.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Reviewed Issued By:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | *(Typed Name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Title:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Signature:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | |
|  | | | | | | | *(Signature)* | | | | | | | | | | | | | | | | | | | | |  | | | *(Date)* | | | | | | | | |  | | | |
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| **CONSULTANT Send copies to**: | | | | | | | | DAS PM | | | | | |  | | | CA | | | | | |  | | Chief Architect | | | | | | | |  | | Chief Engineer | | | | | |  |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If Approved: As noted by Consultant,** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | **DAS Chief Architect:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  |
|  | | | |  | | | | | | | | *(Signature)* | | | | | | | | | | | | | | | | | | | | | | | |  | | *(Date)* | | | | |  |
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| Copies: | | | | Project File | | Red R2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

***END***