|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Request Phase:**  | **Pre-Bid** | **[ ]**  | **Post Bid** | [ ]  | (*See Article 15 Materials: Standards, General Conditions*) |
|  |
| **(If Pre-bid only) Current Bid Due Date:** |       | **Request No.:** |       | **Dated:** |       |  |
|  |  |
| **To:** | **State of Connecticut****Department of Administrative Services,****Construction Services** | **DAS Project No.:** |       |  |
|  |  |
| **Project Name / Location:** |       |  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
| **References:** | Specification(s): | Section(s): |       | Paragraph(s): |       |  |
|  |  |  |  |  |  |  |
|  | Drawing(s): | Drawing(s) No(s): |       | Detail(s) No(s): |       |  |
|  |  |  |  |  |  |  |
| **Contractually Specified Product:** |       |  |
|  |  |  |
| **Contractor Proposed Product:** |       |  |
|  |  |  |  |  |  |
| **Proposed Product is:** | Equal: | [ ]  | Substitute: | [ ]  | Model No.: |       |  |
|  |  |
| ***IMPORTANT:******See Attached Data For Both Specified And Proposed Products******As Required By Article 15 General Conditions.*** |
|  |  |  |  |  |  |  |  |  |
| **Data attached:** | Drawings: | [ ]  | Product Data: | [ ]  | Reports: | [ ]  | Samples: | [ ]  |  |
|  |  |  |  |  |  |
|  | Tests: | [ ]  | Other: |       |  |
|  |  |
| **Reason(s) for not providing the Specified Product:** |  |
|  |       |  |
|  |  |  |
| **Similar Installation:** |  |  |
| **Project Name:** |       | **Architect’s Name:** |       |  |
|  |  |  |  |  |
| **Project Location:** |       | **Owner’s Name:** |       |  |
|  |  |  |  |
|  | **Date Installed:** |       |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **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*** |       |  |
|  |  |  |  |
| **Actual Dollar Savings to the State of Connecticut if substitution is accepted:** | **$** |       |  |
|  |  |  |  |
| **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.** |
|  |  |
| **Request Submitted By General Contractor / CMR:** |       |  |
|  | *(Firm’s Typed Name)* |  |
|  |  |  |  |  |  |  |  |  |
| **By:** |       |  |       |  |  |  |       |  |
|  | *(Typed Name)* |  | *(Title)* |  | *(Signature)* |  | *(Date)* |  |
|  |  |  |  |  |
| **Contractor / CMR** **Send copies to :** | **DAS/CS PM:** | ***[ ]***  | **CA:** | ***[ ]***  |  |
|  |
|  |  |  |
| **Consultant’s Request Received on (Date):** |       |  |
| **Consultant’s Review – This Substitution Request is:** |  |
|  |  |  |  |
| **[ ]**  | **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.** |
|  |  |
| **Reviewed Issued By:** |  |  |
| **Name:** |       |  |
|  | *(Typed Name)* |  |
| **Title:** |       |  |
|  |  |  |
| **Signature:** |  |  |       |  |
|  | *(Signature)* |  | *(Date)* |  |
|  |
| **CONSULTANT Send copies to**: | DAS/CS PM | *[ ]*  | CA | *[ ]*  | Chief Architect | *[ ]*  | Chief Engineer | *[ ]*  |  |
|  |  |
| **If Approved: As noted by Consultant,** |  |  |
|  | **DAS/CS Chief Architect:** |  |  |       |  |
|  |  | *(Signature)* |  | *(Date)* |  |
|  |
| Copies: | Project File |  |

***END***