



Document 00225: Bidder's Substitution Request

To: **Edgar Lugo**
Procurement & Logistic Operations
Department
7720 W. Oakland Park Blvd.
Suite 323 Sunrise, Florida 33351
Fax: 754-321-0534

Request
No.:

Date:

Project No. &
Location No:
Project Title:
Facility Name:

(One Substitution request per form)

We hereby submit for your consideration the following product instead of the specified item for the project identified above:

Specification Section: _____ Paragraph: _____ Specified Item: _____

Drawing Sheet Number(s): _____ Detail, Plan or Section Number(s): _____

Proposed Substitution:

Manufacturer Company Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Local Vendor: Company Name: _____ Phone: _____

**Required
Attachments:**

- 1. Attach names and addresses of previous projects on which this product was utilized. Include project owner's contact and phone number.**
- 2. Attach complete reason for the proposed substitution.**
- 3. Attach complete technical data, including applicable laboratory test reports. Include complete information on changes to drawings and/or specifications which the proposed substitution will require for its proper installation. (Title & Seal by Engineer/Architect If new design required)**
- 4. Check items submitted with this substitution request:**
☐ **Catalog** ☐ **Drawings** ☐ **Samples** ☐ **Tests/Reports**
☐ **Other:**

Completion of the following information is required:

1. This substitution will result in a **saving or credit** to the Owner in the amount of:

	<u>Dollars</u>	<u>\$</u>
Written		Figures
2. Does the proposed substitution affect dimensions shown on the drawings or other specified clearances?		Yes ☐ No ☐
3. Will the undersigned pay for changes to the building design, including the costs of all engineering, detailing and other administrative costs caused by requested substitution?		Yes ☐ No ☐
4. Manufacturer's guarantees and warranties of the proposed and specified items are:		☐ The Same ☐ Different If different, attach details.
5. What effect does the proposed substitution have on other trades?		☐ None ☐ Effect Attach details.

The Undersigned states that this substitution request has been fully checked and coordinated with the Bidding Documents, that all information is true and accurate, and that the undersigned shall bear full responsibility for impacts to the design, code changes, coordination, required schedule and costs of the project cause and impacted by this request if approved by the Owner.

Submitted By:

Company Name _____
& Address: _____

Phone: _____

Signature

Title & Seal by and Engineer/Architect

If a new design is required

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

For Project Consultant's Use Only

☐ Recommend Approval ☐ Not Recommended
☐ See Attached ☐ Received Too Late

By: _____
(Signature)

Date: _____

For Owner's Use Only

☐ Accepted ☐ Accepted as Noted
☐ Not Accepted ☐ Received Too Late

By: _____
(Signature)

Date: _____

Distribution: 1. Project Consultant 2. Bidders 3. Project File