

TO: **Clark/Kjos Architects 621 SW Alder St, Suite 700, Portland, OR 97205**

PROJECT: **Wallowa Medical Office Building Addition**

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

SECTION	PARAGRAPH	SPECIFIED ITEM
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Proposed Substitution: \_\_\_\_\_

*Fill in Blanks Below:*

- A. Does the substitution affect dimensions shown on Drawings? \_\_\_\_\_
- B. Will the undersigned pay for changes to the building design including engineering and detailing costs caused by the requested substitution? \_\_\_\_\_
- C. What effect does substitution have on other trades? \_\_\_\_\_
- D. Differences between proposed substitution and specified item? \_\_\_\_\_
- E. Manufacturer's guarantees of the proposed and specified items are: ☐ Same ☐ Different (explain on attachment)
- F. Role of Submitter: ☐ General Contractor ☐ Subcontractor ☐ Manufacturer ☐ Distributor  
☐ Representative
- G. Attach complete technical data, including laboratory tests, if applicable.
- H. Include complete information on changes to Drawings and/or Specifications which proposed substitution will require for its proper installation.
- I. The undersigned states that the function, appearance and quality are equivalent or superior to the specified item.
- J. The undersigned agrees that the terms and conditions for substitutions found in the Bidding Documents apply to this proposed substitution.

Submitted by:

Signature \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

For use by Design Consultant:

- ☐ Accepted ☐ Accepted as noted  
☐ Not Accepted ☐ Received Too Late

By \_\_\_\_\_

Date \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_