

**ATTACHMENT Q**  
**Substitute/Equivalent Product Request****SPECIFIED ITEM INFORMATION (From Price Schedule)**

RFP ITEM NUMBER: \_\_\_\_\_  
RFP ITEM NAME: \_\_\_\_\_  
SPECIFIED BRAND: \_\_\_\_\_  
SPECIFIED ITEM CODE: \_\_\_\_\_

**PROPOSED SUBSTITUTE/EQUIVALENT PRODUCT INFORMATION**

MFR PRODUCT NAME: \_\_\_\_\_  
MFR BRAND: \_\_\_\_\_  
MFR ITEM CODE: \_\_\_\_\_

**PROPOSED SUBSTITUTE/EQUIVALENT REQUIRED PRODUCT INFORMATION:**

The required documents must be current within the last three (3) years or they must be accompanied by a signed statement from the manufacturer guaranteeing that the information is still current and accurate.

**Food Items:**

- ☐ Nutrition Facts Label  
☐ Ingredients List  
☐ CN Label **or** Product Formulation Statement  
☐ Manufacturer's Buy American Compliance Statement

**Non-Food Items:**

- ☐ Product data sheet detailing the specifications of the product being offered.

**The undersigned certifies the function, appearance, and quality of the proposed equivalent are equal or superior to specified item. The undersigned agrees, if this page is reproduced, to the terms and conditions for equivalents found in the proposal documents and that they apply to this proposed equivalent.**

**Request Submitted by:**\_\_\_\_\_  
Name\_\_\_\_\_  
Signature (Entering a name in the signature line constitutes an E-Signature)\_\_\_\_\_  
Vendor Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
City, State, Zip\_\_\_\_\_  
Date\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Email\_\_\_\_\_  
Fax Number**For Use by District Staff**☐ Sample Requested ☐ No Sample Requested☐ Approved ☐ Approved as Noted☐ Not Approved ☐ Received too late\_\_\_\_\_  
By\_\_\_\_\_  
Date\_\_\_\_\_  
Remarks:

***"USDA and this institution are equal opportunity providers and employers."***