

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-001** by WEDNESDAY, JANUARY 15, 2025 @ 10:00AM; include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 301 River Park Drive, East St. Louis, IL 62201. FAILURE TO ATTEND MANDATORY PRE-BID MEETING IS AUTOMATIC DISQUALIFICATION TO SUBMIT BIDS.

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 8609 CHURCH LANE, ESL 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: AIRLIA DANSBERRY	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.560.2460 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: ADANSBERRY94@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
REMOVE AND REPLACE ALL SIDING MATERIALS INSTALLATION OF MATERIALS AND WORKMANSHIP MUST COMPLY WITH INDUSTRY STANDARDS ALL DEBRIS MUST BE DISPOSED OF PROPERLY HOMEOWNER WILL SELECT STYLE AND COLOR OF SIDING MATERIALS		