

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-004** return by WEDNESDAY, JANUARY 15, 2024 at 10:00 A.M. ; 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: 1417 SOUTH 1 STREET, ESL, 62207	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: AZA WALKER	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.772.9560 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: AZAWALKER@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
2000 SQ FT HOME ROOF: REMOVE AND REPLACE SIDING: REMOVE AND REPLACE BASEMENT: WATERPROOF HOMEOWNER TO CHOOSE SIDING AND SHINGLE COLORS		