

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-006** by Wednesday, January 15, 2025, 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: 405 NORTH 18TH STREET, ESL, 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: CARMENNITA SMITH-BURTON	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.670.4554 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: NYAGMA@YAHOO.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
BASEMENT WATERPROOFING REMOVE AND REPLACE BASEMENT WINDOWS REMOVE AND REPLACE GUTTERS -FRONT OF HOME PRIME AND PAINT LOWER SECTION OF HOME REPAIR/REPLACE BACK DOOR REPAIR WATER DAMAGE TO BASEMENT WALLS INSTALL SUMP PUMP WITH BATTERY BACKUP, INCLUDE DISCHARGE LINE WITH POP UP GUTTER DRAIN SLOPE YARD TO ALLOW POSITIVE DRAINAGE		