

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-007** 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: 509 NORTH 46TH, ESL 62207	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: DAVID CROCKETT	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.558.3227 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: DCROCK314@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
KITCHEN: REMOVE AND REPLACE CABINETS, REMOVE AND REPLACE 2 DOORS REMOVE AND REPLACE APPLIANCES FLOORING: REMOVE AND REPLACE KITCHEN WALLS: REMOVE AND REPLACE DRYWALL REMOVE WALL AND ADD SUPPORT BEAM		