

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-010** 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: 608 POST PLACE, ESL 62205	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: FRANCINE GORDON	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.567.1028 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: FRAN3663@YAHOO.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
LAUNDRY ROOM: REMOVE AND REPLACE DRYWALL , BEDROOM AND 2 ADDITIONAL ROOMS: REMOVE AND REPLACE DRYWALL ELECTRICAL: REMOVE AND REPLACE/UPGRADE JUNCTION BOX BASEMENT: REMOVE AND REPLACE CEILING		