

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-011** 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: 615 NORTH 69TH STREET, ESL, 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: FREDERICK & COSANDRA TUCKER	POINT OF CONTACT/CONTRACTOR:
PHONE: 913.605.2772 ALTERNATE PHONE: 913.605.2773	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
WINDOWS: REMOVE AND REPLACE 4 WINDOWS KITCHEN: REMOVE AND REPLACE COUNTER TOP HOMEOWNER TO CHOOSE COLOR		