

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-013** 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: 8915 WOEST BOUL, ESL 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: JIMMY/GLENDA ADAMS	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.741.2884 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: ABLKGLJ2@AOL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor& Materials</i>
BATHROOM: REMOVE AND REPLACE VANITY REMOVE AND REPLACE FLOORING REMOVE AND REPLACE SHOWER, MAKE ADA COMPLIANT KITCHEN: REMOVE AND REPLACE COUNTER TOP AND BACKSPLASH HOMEOWNER TO CHOOSE COLORS AND FIXTURES		