

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-014** 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: 627 NORTH 27TH STREET, ESL, 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: HENRY McAFFEE	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.500.9470 ALTERNATE PHONE: 618.567.5260/daughter Sandy McAfee Please communicate with daughter	MAILING ADDRESS:
EMAIL: rocsandy69@hotmail.com	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
KITCHEN: REMOVE AND REPLACE NEW CABINETS, WINDOWS, FLOORING, REPLACE ALL KITCHEN APPLIANCES FRONT DOOR: REMOVE AND REPLACE BATHROOM: REMOVE AND REPLACE DOOR AND VANITY BACK DOOR: REMOVE AND REPLACE WINDOWS: REMOVE AND REPLACE 3 WINDOWS HOMEOWNER TO CHOOSE COLOR FOR CABINET, FLOORING, APPLIANCES, VANITY, DOOR and PAINT COLOR		