

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-016** 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: 1104 LAPLEINS DRIVE, STREET, ESL, 62205	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: LAMONT & FRANCIS REED	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.398.3341 ALTERNATE PHONE: 618.210.2431	MAILING ADDRESS:
EMAIL: REED.F@SBCGLOBAL.NET	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
BATHROOM: REMOVE AND REPLACE WALK IN SHOWER, MAKE ADA COMPLIANT REMOVE AND REPLACE TOILET REMOVE AND REPLACE VANITY HOMEOWNER TO CHOOSE COLOR OF VANITY		