

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-019** 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: 2400 ILLINOIS AVE, ESL, 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: MARCELLA LEWIS & DONNA LEWIS	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.974.9922 ALTERNATE PHONE: 618.974.9921	MAILING ADDRESS:
EMAIL: DKL157@@YAHOO.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
ROOF #1: REMOVE AND REPLACE *SHINGLES TPO ROOF #2: REMOVE AND REPLACE *SHINGLES GUTTERS & DOWNSPOUTS: REMOVE AND REPLACE CHIMNEY: REMOVE AND INSTALL STEP AND COURTER FLASH *HOMEOWNER TO CHOOSE SHINGLE COLOR		