

# 50/50 GRANT REHAB PROGRAM

PO# \_\_\_\_\_



## REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-022** 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: <b>637 VOGEL PLACE, ESL 62204</b>	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: <b>PERCY MCKINNEY</b>	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.581.7004 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: NONE	CELL/BUSINESS PHONE: EMAIL:

## SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor &amp; Materials</i>
ROOF: REMOVE AND REPLACE SHINGLES* Gutter repair or replace Soffit and Fascia repair or replace Cleanup and disposal of debris HOMEOWNER TO CHOOSE COLOR OF SHINGLES		