

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-027** 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: 628 NORTH 86TH, ESL 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: WANDA BAILEY-GREGORY	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.509.3235 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: WANDABAILEY62@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
KITCHEN: REMOVE AND REPLACE CABINETS AND FLOORING FAMILY ROOM-REPAIR DAMAGED CEILING and WALLS BASEMENT: WATERPROOFING HOMEOWNER TO CHOOSE CABINET COLOR		