

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-028** 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: 4515 LAKE DRIVE, ESL 62205	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: WILLIE HARRIS	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.402.1557 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: BILLHRR8@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
REMOVE AND REPLACE GARAGE DOOR , approximate door size (w) 16' x 7"(h) REPLACE REMOTE OPENER HOMEOWNER TO CHOOSE COLOR AND DOOR DESIGN BATHROOM: (MAKE ADA COMPLIANT) INSTALL SLIDING FRAMELESS SHOWER DOOR, INSTALL SUBWAY TILE SHOWER WALLS, INSTALL SINGLE HANDLE 1- SPRAY TUB AND FAUCET HOMEOWNER TO CHOOSE COLOR OF TILE AND FINSHES		