

# 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: <b>4515 LAKE DRIVE, ESL 62205</b>		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: <b>WILLIE HARRIS</b>		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 &amp; 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: <b>(MAKE ADA COMPLIANT)</b> 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		