

# 50/50 GRANT REHAB PROGRAM

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



## REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-031** by Tuesday, February 4, 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.

### PROJECT INFORMATION

### CONTRACTOR INFORMATION

ADDRESS: <b>1806 LAWRENCE AVE. ESL, 62207</b>	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: <b>SYLVIA SPRAGGINS</b>	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.447.7285 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: SYLVIASPRAGGINS7@YAHOO.COM	CELL/BUSINESS PHONE: EMAIL:

## SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor &amp; Materials</i>
ROOF: REMOVE AND REPLACE SHINGLES SIDING: REMOVE AND REPLACE BASEMENT: WATERPROOF  HOMEOWNER TO CHOOSE SHINGLE AND SIDING COLORS		