

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-030** 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

ADDRESS: 47 CIRCLE DRIVE	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: BRIAN GREGORY	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.830.1960 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: FFBGREGORY@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

CONTRACTOR INFORMATION

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
KITCHEN: INSTALL VINYL FLOORING (350 SQ FT) INSTALL ISLAND (10'X36") INSTALL DOUBLE OVEN IN ISLAND INSTALL GRANTIE COUNTERTOPS (60SQ FT) INSTALL DRYWALL (250 SQ FT) REMOVE AND REPLACE SINK REMOVE AND REPLACE DISWASHER REMOVE AND REPLACE RANGE HOOD REMOVE AND REPLACE LIGHTING (PENDULUM) REMOVE AND REPLACE LIGHT SWITCHES (GFCI)		
HOMEOWNER TO CHOOSE ALL APPLIANCES		