

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-029** 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: 900 NORTH 89TH STREET, ESL 62203	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: DEBRA TIDWELL	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.593.6983 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: 50DEBTID@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
BASEMENT- MOLD REMEDIATION REMOVE CARPET AND REPLACE WITH WOOD FLOORS WATERPROOF		