

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-080** by Wednesday, April 9, 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. **THIS IS A REBID FROM FEBRUARY 4, 2025.**

PROJECT INFORMATION

CONTRACTOR INFORMATION

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| ADDRESS: 1806 LAWRENCE AVE. ESL, 62207 | COMPANY NAME: |
| HOMEOWNER'S NAME/SIGNATURE: SYLVIA SPRAGGINS | 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 & Materials</i> |
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| ROOF: REMOVE AND REPLACE SHINGLES SIDING: REMOVE AND REPLACE BASEMENT: WATERPROOF HOMEOWNER TO CHOOSE SHINGLE AND SIDING COLORS | | |
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