

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-079** 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

ADDRESS: 615 N. 39TH STREET, ESL 62205	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: TROY MOSLEY	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.660.4449 ALTERNATE PHONE: 618.600.5592	MAILING ADDRESS:
EMAIL: JAZMOWORLD618@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
BATHROOM: COMPLETE REHAB REMOVE AND REPLACE ALL FIXTURES, TUB/SHOWER, TOILET HVAC: REMOVE AND REPLACE ELECTRICAL: REMOVE AND REPLACE, ENTIRE HOUSE HOMEOWNER TO CHOOSE FIXTURES		