

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-083** by Monday, May 19th, 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:
701 NORTH 79TH STREET, ESL, 62203

HOMEOWNER'S NAME/SIGNATURE:
EARLENE THOMAS

PHONE: 618.531.1614
ALTERNATE PHONE:

EMAIL:

CONTRACTOR INFORMATION

COMPANY NAME:

POINT OF CONTACT/CONTRACTOR:

MAILING ADDRESS:

CELL/BUSINESS PHONE:

EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST Labor & Materials
MASONRY: BRICK REPAIR AND REPLACE, TUCKPOINTING ELECTRICAL: BREAKER BOX REMOVE AND REPLACE/UPGRADE BATHROOM WALLS: REMOVE AND REPLACE TILE BATHROOM #1: REMOVE AND REPLACE FLOORING BASEMENT: WATERPROOFING BASEMENT: REMOVE AND REPLACE STAIRS CHIMNEY: REPAIR CRACKS, TUCKPOINTING EXTERIOR: PAINT BRICKS HOMEOWNER TO CHOOSE PAINT COLOR		