

# 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

### CONTRACTOR INFORMATION

ADDRESS: <b>701 NORTH 79<sup>TH</sup> STREET, ESL, 62203</b>	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: <b>EARLENE THOMAS</b>	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.531.1614 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	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		