

# 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 <i>Labor &amp; Materials</i>
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		

# 50/50 GRANT REHAB PROGRAM

PO# \_\_\_\_\_



## REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-084** 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. **THIS IS A REBID**

### PROJECT INFORMATION

### CONTRACTOR INFORMATION

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

# 50/50 GRANT REHAB PROGRAM

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## REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-085** by Monday, May19th, 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**

### PROJECT INFORMATION

### CONTRACTOR INFORMATION

ADDRESS: <b>2940 VIRGINIA PLACE, ESL 62207</b>	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: <b>MILLICENT CASON</b>	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.660.9665 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: MISSYCYOU@HOTMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

## SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor &amp; Materials</i>
ROOF: REMOVE AND REPLACE SHINGLES* FLOORING*: REMOVE AND REPLACE (LIVING ROOM AND DINING ROOM) WINDOWS: REMOVE AND REPLACE HVAC & FURNACE: REMOVE AND REPLACE  *HOMEOWNER TO CHOOSE SHINGLE COLOR *HOMEOWNER TO CHOOSE FLOORING COLOR		

# 50/50 GRANT REHAB PROGRAM

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## REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-086** 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. **THIS IS A REBID**

### PROJECT INFORMATION

### CONTRACTOR INFORMATION

ADDRESS: <b>631 NORTH 75<sup>th</sup> STREET EAST ST LOUIS IL.62203</b>	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: <b>EARLEST A JOHNSON</b>	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-567-9280 ALTERNATE PHONE: 618-670-1497	MAILING ADDRESS:
EMAIL: Katastraphephe1@gmail.com	CELL/BUSINESS PHONE: EMAIL:

## SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor&amp; Materials</i>
REMOVE AND REPLACE SHINGLES REMOVE AN REPLACE GUTTERS REMOVE AND REPLACE FASCIA REMOVE AND REPLACE SIDING  <b>INSTALL 13 WINDOWS</b>		