

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-085** 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: 2940 VIRGINIA PLACE, ESL 62207	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: MILLCENT CASON	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 & 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		