

# 50/50 GRANT REHAB PROGRAM

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



## REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFO# 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 Labor& Materials
REMOVE AND REPLACE SHINGLES REMOVE AN REPLACE GUTTERS REMOVE AND REPLACE FASCIA REMOVE AND REPLACE SIDING  <b>INSTALL 13 WINDOWS</b>		