

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

ADDRESS: 1806 LAWRENCE AVE. ESL, 62207	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: SYLVIA SPRAGGINS	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.447.7285 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: SYLVIASPRAGGINS7@YAHOO.COM	CELL/BUSINESS PHONE: EMAIL:

CONTRACTOR INFORMATION

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
ROOF: REMOVE AND REPLACE SHINGLES SIDING: REMOVE AND REPLACE BASEMENT: WATERPROOF HOMEOWNER TO CHOOSE SHINGLE AND SIDING COLORS		