

50/50 GRANT PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return RFQ# 25-110 by Monday, July 21, 2025, at 10:00 AM, include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis, IL 62201. FAILURE TO ATTEND MANDATORY PRE-BID MEETINGS IS AUTOMATIC DISQUALIFICATION TO SUBMIT BIDS.

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 487 NORTH 33rd STREET, ESL, 62205	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: DIANA REID	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-401-7871 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION:	QUANTITY	COST
SIDING-REMOVING AND REPLACE		<i>Labor & Materials</i>
GUTTERING AND DOWNSPOUTS-REMOVE AND REPLACE		
HOMEOWNER TO CHOOSE SIDING COLOR		
DECK- REPLACE		