

50/50 GRANT PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR RE-BID

Instructions to contractor: Return RFB# 25- 123 return by December 15, 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 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 487 North 33 rd Street, EAST ST LOUIS IL 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 <i>Labor & Materials</i>
<ul style="list-style-type: none">*SIDING – REMOVING REPLACE*GUTTERING AND DOWNSPOUTS – REMOVE AND REPLACE*HOMEOWNER TO CHOOSE SIDING COLOR*DECK – REPLACE*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		