



City of East St. Louis, Illinois 62201

Charles Powell, III, Mayor

Robert Betts, City Manager

EAST ST. LOUIS TOWNSHIP BATHROOM REMODEL RFB 26-018

NOTICE IS HEREBY GIVEN that the City of East St. Louis ("City") is issuing this REQUEST FOR RFB ("RFB") This Request for Sealed Bids is for the purpose of, contracting with qualified Contractors to provide remodeling services.

PLEASE SEE THE CITY'S WEBSITE FOR ALL BIDDING PROJECTS.

ALL BIDS ARE TO BE TURNED IN TO THE CITY CLERK OFFICE, DEBRA HAMILTON-TIDWELL, FIRST FLOOR, 301 RIVERPARK DR. EAST ST. LOUIS IL 62201.

YOU MUST INCLUDE **FIVE (5) COPIES** OF EACH BID THAT YOU ARE BIDDING ON.

ALL BIDS MUST BE SEALED WHEN TURNING IN YOUR BIDS TO THE CLERKS OFFICE.

ALL BIDS MUST INCLUDE THE RFB NUMBER(S) ON THE SEALED BID.

BIDDERS MUST HAVE BUSINESS LICENSE, PROOF OF INSURANCE, and W-9

MANDATORY ON-SITE PRE-BID WEDNESDAY, FEBRUARY 11TH, 2026 AT 11:30 A.M.

ALL BIDS ARE DUE ON THURSDAY, FEBRUARY 19TH, 2026, BY 10:00 AM

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE EAST ST. LOUIS TOWNSHIP, PLEASE CONTACT TOWNSHIP MANAGER, ROY MOSLEY, JR estltownship@eaststlouistownship.net (618) 515-2150

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BIDDING PROCESS, PLEASE CONTACT DIRECTOR OF PURCHASING, TEREYOWNA MARTIN tmartin@cesl.us (618) 600-1919 and/or PURCHASING MANAGER INEATER FLEMING ifleming@cesl.us (618) 600-4704



EAST ST. LOUIS TOWNSHIP

6755 State Street, East St. Louis, IL 62203

(618) 515-2150

estltownship@eaststlouistownship.net

Roy Mosley, Jr., Township Supervisor

RFB 26-018

**EAST ST. LOUIS TOWNSHIP BATHROOM
REMODEL SCOPES OF WORK**

Men's Bathroom East Wing Remodel

- Remove and replace all tile flooring
- Remove and replace all tiles on walls. (tiles are to be installed 4 ft high only)
- Paint all walls 2 coats
- Remove and replace ceiling tiles and grid. (be sure ceilings are 8ft high)
- Remove and replace all lighting (led Lighting preferred)
- Remove and replace heat/ac diffuser
- Remove and replace ventilation/exhaust fan
- Remove and replace toilet partitions
- Install dividers/partitions to separate urinals
- Remove and replace all toilets and urinals. (automatic flush toilets and urinals)
- Remove and replace all fixtures in stalls. (toilet tissue dispenser, toilet seat cove dispenser, handicap bars etc.)
- Remove and replace bathroom mirror. (one single mirror)
- Remove and replace 12v hand blower and additional blower
- Remove and Replace trashcan with paper towel dispenser
- Remove and replace mechanical paper towel dispenser with automatic dispenser and add additional dispenser. (2 dispensers)
- Remove and replace bathroom door and fixtures
- Please be sure that bathrooms will meet code for handicap stalls and accessories

Women's Bathroom East Wing Remodel

- Remove and replace all tile flooring
- Remove and replace all drywall in bathroom. (Flat walls, no texture)
- Paint all walls 2 coats
- Remove and replace all tiles on walls. (tiles are to be installed 4 ft high only)
- Remove and replace ceiling tiles and grid. (be sure ceilings are 8ft high)
- Remove and replace all lighting (led Lighting preferred)
- Remove and replace heat/ac diffuser
- Remove and replace ventilation/exhaust fan
- Remove and replace toilet partitions

- Remove and replace all fixtures in stalls. (toilet tissue dispenser, toilet seat cove dispenser, handicap bars etc.)
- Remove and replace bathroom mirror. (one single mirror)
- Remove and replace 12v hand blower and additional blower
- Remove and Replace trashcan with paper towel dispenser
- Remove and replace mechanical paper towel dispenser with automatic dispenser and add additional dispenser. (2 dispensers)
- Remove and replace bathroom door and fixtures
- Please be sure that bathrooms will meet code for handicap stalls and accessories

Men's Bathroom Middle Wing Remodel

- Remove and replace all tile flooring
- Remove and replace all drywall in bathroom. (Flat walls, no texture)
- Paint all walls 2 coats
- Remove and replace all tiles on walls. (tiles are to be installed 4 ft high only)
- Remove and replace ceiling tiles and grid. (be sure ceilings are 8ft high)
- Remove and replace all lighting (led Lighting preferred)
- Remove and replace heat/ac diffuser
- Remove and replace ventilation/exhaust fan
- Remove and replace toilet partitions
- Remove and replace all toilets and urinals. (automatic flush toilets and urinals)
- Remove and replace all fixtures in stalls. (toilet tissue dispenser, toilet seat cove dispenser, handicap bars etc.)
- Remove and replace bathroom mirror. (one single mirror)
- Remove and replace 12v hand blower and additional blower
- Remove and Replace trashcan with paper towel dispenser
- Remove and replace mechanical paper towel dispenser with automatic dispenser and add additional dispenser. (2 dispensers)
- Remove and replace bathroom door and fixtures
- Please be sure that bathrooms will meet code for handicap stalls and accessories

Women's Bathroom Middle Wing Remodel

- Remove and replace all tile flooring
- Remove and replace all drywall in bathroom. (Flat walls, no texture)
- Paint all walls 2 coats
- Remove and replace all tiles on walls. (tiles are to be installed 4 ft high only)
- Remove and replace ceiling tiles and grid. (be sure ceilings are 8ft high)
- Remove and replace all lighting (led Lighting preferred)
- Remove and replace heat/ac diffuser
- Remove and replace ventilation/exhaust fan
- Remove and replace toilet partitions
- Remove and replace all toilets and urinals. (automatic flush toilets and urinals)
- Remove and replace all fixtures in stalls. (toilet tissue dispenser, toilet seat cove dispenser, handicap bars etc.)
- Remove and replace bathroom mirror. (one single mirror)

- Remove and replace 12v hand blower and additional blower
- Remove and Replace trashcan with paper towel dispenser
- Remove and replace mechanical paper towel dispenser with automatic dispenser and add additional dispenser. (2 dispensers)
- Remove and replace bathroom door and fixtures
- Please be sure that bathrooms will meet code for handicap stalls and accessories

Men's Bathroom West Wing Remodel

- Remove and replace all tile flooring
- Remove and replace all drywall in bathroom. (Flat walls, no texture)
- Paint all walls 2 coats
- Remove and replace all tiles on walls. (tiles are to be installed 4 ft high only)
- Remove and replace ceiling tiles and grid. (be sure ceilings are 8ft high)
- Remove and replace all lighting (led Lighting preferred)
- Remove and replace heat/ac diffuser
- Remove and replace ventilation/exhaust fan
- Remove and replace toilet partitions
- Remove and replace all toilets and urinals. (automatic flush toilets and urinals)
- Remove and replace all fixtures in stalls. (toilet tissue dispenser, toilet seat cove dispenser, handicap bars etc.)
- Remove and replace bathroom mirror. (one single mirror)
- Remove and replace 12v hand blower and additional blower
- Remove and Replace trashcan with paper towel dispenser
- Remove and replace mechanical paper towel dispenser with automatic dispenser and add additional dispenser. (2 dispensers)
- Remove and replace bathroom door and fixtures
- Please be sure that bathrooms will meet code for handicap stalls and accessories

Women's Bathroom Middle Wing Remodel

- Remove and replace all tile flooring
- Remove and replace all drywall in bathroom. (Flat walls, no texture)
- Paint all walls 2 coats
- Remove and replace all tiles on walls. (tiles are to be installed 4 ft high only)
- Remove and replace ceiling tiles and grid. (be sure ceilings are 8ft high)
- Remove and replace all lighting (led Lighting preferred)
- Remove and replace heat/ac diffuser
- Remove and replace ventilation/exhaust fan
- Remove and replace toilet partitions
- Remove and replace all toilets and urinals. (automatic flush toilets and urinals)
- Remove and replace all fixtures in stalls. (toilet tissue dispenser, toilet seat cove dispenser, handicap bars etc.)
- Remove and replace bathroom mirror. (one single mirror)
- Remove and replace 12v hand blower and additional blower
- Remove and Replace trashcan with paper towel dispenser

- Remove and replace mechanical paper towel dispenser with automatic dispenser and add additional dispenser. (2 dispensers)
- Remove and replace bathroom door and fixtures
- Please be sure that bathrooms will meet code for handicap stalls and accessories

Mop Sink Room Remodel

- Remove and replace Mop sink
- Repair walls and ceiling
- Paint all walls and ceilings 2 coats
- Remove and replace stainless steel protector on wall
- Remove and replace all dispensers in room

Clean concrete floor scrub concrete floor to original finish



CITY OF EAST ST. LOUIS PURCHASING DEPARTMENT
301 River Park Drive, 3rd Floor
East St. Louis, Illinois 62201
Phone: 618-482-6713
Fax: 618-482-6648

City of East St. Louis Vendor Information Request Form

When checking authenticity of vendor, follow the following steps.

- ☐ If vendor is an IL Corp or LLC go to <http://www.ilsos.gov/corporate/lc/> or if Corp or LLC from another state call that state's Secretary of State
- ☐ If vendor is a LP call 217-782-6961 (ext. 7737)
- ☐ If vendor is general partnership or sole proprietor call the county clerk at 277-6600 ext 2373 Yolanda Hughes
- ☐ If the is general partnership or sole proprietorship is not registered with St. Clair County then call regulatory affairs.

INSTRUCTIONS: Please type or print clearly. If any item is not applicable, insert N/A. (F.E.I.N. OR SOCIAL SECURITY NUMBER IS REQUIRED.)
To ensure prompt payment, please forward any changes to your vendor the information to the City of East St. Louis Purchasing Department.

| | | |
|---|--------------------------|---|
| F.E.I.N. NUMBER/ SOCIAL SECURITY NUMBER | DATE OF THIS APPLICATION | 1099 VENDOR <input type="checkbox"/> MISC <input type="checkbox"/> G <input type="checkbox"/> INT <input type="checkbox"/> NONE |
| BUSINESS NAME | TELEPHONE NUMBER () | FAX NUMBER () |
| TYPE OF ORGANIZATION (CHECK ONE) <input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETOR (I) <input type="checkbox"/> GENERAL PARTNERSHIP (GP) <input type="checkbox"/> CORPORATION (C) <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) <input type="checkbox"/> EMPLOYEE (E) <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> LIMITED PARTNERSHIP (LP) | YEAR ESTABLISHED | NUMBER OF EMPLOYEES |
| Do you claim Disadvantaged Business Enterprise Status? Yes _____ No _____ (Check appropriate box(es) if applicable) <input type="checkbox"/> Small Business Enterprise <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women Business Enterprise <input type="checkbox"/> Disabled Business Enterprise | | |

INSERT THE MERCHADNDISE OR SERVICE YOU WISH TO PROVIDE.

| | |
|------------------------|---|
| ORGANIZATIONAL ADDRESS | ADDRESS TO WHICH PAYMENTS OR REMITTANCES ARE TO BE MAILED |
| STREET | STREET |
| CITY STATE ZIP | CITY STATE ZIP |

| | | |
|-----------------------|---------------|--------------------------|
| <<< CONTACT NAMES >>> | <<< TITLE >>> | <<< TELEPHONE NUMBER >>> |
| SALES | | () |
| SERVICE | | () |

This application must be signed by a ranking officer of the company. Show additional principals or agents separately. The undersigned certifies that information provided on this application is correct and complete. Submittal of false information will be grounds for the rejection of this application, removal from all Vendor lists and the cancellation of any contract without penalty to the City of East St. Louis.

| | |
|-----------------------|-------|
| NAME OF PRINCIPAL | TITLE |
| PRINCIPAL'S SIGNATURE | DATE |

FOR USE BY THE CITY OF EAST ST. LOUIS GOVERNMENT ONLY

If this form is facilitated with a City department please provide the name of the Department and facilitator

| | | |
|--------------|--------------|-------|
| VENDOR CODE: | APPROVED BY: | DATE: |
|--------------|--------------|-------|

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

| | |
|--|--|
| 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| 2 Business name/disregarded entity name, if different from above. | |
| 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) |
| 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/> | |
| 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | |
|---------------------------------------|----------------------|
| Social security number | |
| <input type="text"/> | <input type="text"/> |
| or | |
| Employer identification number | |
| <input type="text"/> | <input type="text"/> |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1085).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they