CITY OF GALVA

PROPOSAL SPECIFICATIONS

FOR PURCHASE AND REHABILITATION OF CITY-OWNED PROPERTY
Located at 344, 346, 348 Front Street (all one building), Galva, IL 61434

The City of Galva is requesting proposals for the purchase and rehabilitation of a City-owned property located at 344, 346, 348 Front Street (all one building), Galva, IL 61434. Any deviation from the specifications below shall be CLEARLY noted.

The proposal specifications are as follows:

1. Property Purchase Price $ __________ (any outstanding taxes or liens to be paid by purchaser)
2. Estimated cost of materials (Minimum material cost of $60,000). _______________ Please note that the City reserves the right to inspect material invoices and installation of same).
3. Scope of work you intend to perform (such as electrical, mechanical, HVAC, plumbing, remodeling, etc.):

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
4. Timeline for completion of the work listed in Item No. 2 above:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

5. Proposed end use for property:_____________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

The undersigned certifies that he/she is the person or a representative of the entity shown below and as such representative is authorized to submit this proposal on their behalf.

Federal Tax Identification Number:____________________________________________________

Person or Entity’s Name:_____________________________________________________________

Address:__________________________________________________________________________

City/State/Zip:_____________________________________________________________________

Telephone Number:_________________________________________________________________

Authorized Signature:_______________________________________________________________

Printed Name/Title:_________________________________________________________________

Date:_____________________________________________________________________________