

BILL NO. S-25-08-25

SPECIAL ORDINANCE NO. S-\_\_\_\_\_

**AN ORDINANCE** approving the INCREASE FOR PURCHASE ORDER #25840012 – NEIGHBORHOOD CODE WEED PROGRAM by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and PIERRE KERLEGRAND for NEIGHBORHOOD CODE ENFORCEMENT.

**NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;**

**SECTION 1.** That the INCREASE for PURCHASE ORDER #25840012 – NEIGHBORHOOD CODE WEED PROGRAM by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and PIERRE KERLEGRAND for NEIGHBORHOOD CODE ENFORCEMENT, respectfully for:

increase Purchase Order #25840012 by \$40,000.00 to continue care of mowing yards for the remainder of 2025 Weed season;

involving a total cost of ONE HUNDRED THIRTY-FIVE THOUSAND AND 00/100 DOLLARS - (\$135,000.00) - (original Purchase Order Amount is \$95,000.00; Total Purchase Order Amount is now \$135,000.00 all as more particularly set forth in said INCREASE FOR PURCHASE ORDER #25840012 – NEIGHBORHOOD CODE WEED PROGRAM which is on file in the Office of the Department of Purchasing, and is by reference incorporated herein, made a part hereof, and is hereby in all things ratified, confirmed and approved.

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**SECTION 2.** That this Ordinance shall be in full force and effect from  
and after its passage and any and all necessary approval by the Mayor.

\_\_\_\_\_  
Council Member

APPROVED AS TO FORM AND LEGALITY

\_\_\_\_\_  
Malak Heiny, City Attorney

24840006 24840007

Neighborhood Code Weed Program ITB#8381812							
Owner: Purchasing							
Solicitor: Fort Wayne IN, City of							
2/24/2023 11:00 AM EST							
		Pierre Kerlegrand	Yard Jobs	KIA Pmgt	YARD RAIDERZZZ	JL Oetting	Worx Co
Line	Item Description						
1	1-3000 square feet	\$22.00	\$35.00	\$25.00	\$20.00	\$35.00	\$70.00
2	3,001- 6,000 square feet	\$37.00	\$48.00	\$30.00	\$25.00	\$55.00	\$140.00
3	6,001- 9,000 square feet	\$51.00	\$58.00	\$35.00	\$40.00	\$75.00	\$210.00
4	9,001 - 12,000 square feet	\$63.00	\$70.00	\$45.00	\$60.00	\$95.00	\$280.00
5	12,001 - 22,000 square feet	\$75.00	\$80.00	\$50.00	\$80.00	\$135.00	\$560.00
6	22,001 - 1 acre	\$94.00	\$95.00	\$150.00	\$150.00	\$145.00	\$1,120.00
7	1 acre plus	\$99.00	\$100.00	\$225.00	\$225.00	\$165.00	\$1,120.00
8	Lots with overall weed heights in excess of four feet- per entire lot	\$32.00	\$50.00	\$250.00	\$250.00	\$195.00	\$1,150.00
	Removal of trash in excess of three 30 gallon	\$8.00	\$5.00	\$20.00	\$15.00	\$45.00	\$15.00
	Total	\$481.00	\$541.00	\$830.00	\$865.00	\$945.00	\$4,665.00
Eradication of Poison Ivy and other noxious weeds							
10	hourly rate	\$24.00	\$25.00	\$100.00	\$100.00	\$55.00	\$60.00
11	cost per gallon of chemicals	\$16.00	\$20.00	\$75.00	\$52.99	\$68.00	\$16.00
	Total	\$40.00	\$45.00	\$175.00	\$152.99	\$123.00	\$76.00
Weed Trimming for Commercial Properties							
12	hourly rate	\$30.00	\$35.00	\$115.00	\$100.00	\$65.00	\$60.00

\$551.00      \$621.00      \$1,120.00      \$1,117.99      \$1,133.00      \$4,801.00



CITY OF FORT WAYNE &  
FORT WAYNE CITY UTILITIES  
DEPARTMENT OF PURCHASES  
CITIZENS SQUARE  
200 E. BERRY STREET, SUITE 490  
FORT WAYNE, IN 46802

Bill To  
NEIGHBORHOOD CODE ENFORCEMENT  
CITY OF FW-CITIZENS SQUARE  
200 E. BERRY STREET-SUITE 320  
FORT WAYNE, IN 46802  
260-427-2552

Ship To  
NEIGHBORHOOD CODE  
ENFORCEMENT  
CITY OF FW-CITIZENS SQUARE  
200 E. BERRY STREET-SUITE 320  
FORT WAYNE, IN 46802

Vendor 8659  
PIERRE KERLEGRAND  
7015 MAPLECREST ROAD  
FORT WAYNE, IN 46835

## Purchase Order

Fiscal Year 2025

Page 1 of 1

**THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKAGES AND SHIPPING PAPERS.**

Purchase Order Number **25840012**

Purchase Order Date **02/18/2025**

Department **CD NEIGHBORHOOD CODE**

Delivery must be made within doors of specified  
destination. Material safety data sheets (MSDS) must be  
sent with all products per federal regulations.

VENDOR PHONE NUMBER	VENDOR EMAIL	VENDOR NUMBER	REQUISITION NUMBER	DELIVERY REFERENCE
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8659

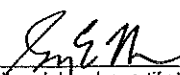
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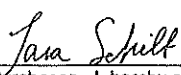
### NOTES

Purchase Orders may be sent via email and US mail. Please be cautious to not duplicate orders.

ITEM #	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
1	2025 PRICE AGREEMENT FOR WEED PROGRAM	1.0000	EACH	\$95,000.0000	\$95,000.00
	GL #: 183UNSF3 - 5364				\$95,000.00

The City of Fort Wayne is tax exempt; the prices shown do not include taxes of any kind. Tax Exemption Certificate available upon request. Unless otherwise indicated, the prices shown include all charges for delivery, packaging, etc., necessary to complete delivery to the destination specified.

  
City Controller - I, hereby certify that the cost  
of the above purchase is fully covered by  
unencumbered balances in the above funds  
and that the expenditure therefore has been

  
Director of Purchases - I, hereby certify upon  
my own personal knowledge that this order is  
authorized by a properly executed and  
approved requisition on file in this office.

Total Ext. Price \$95,000.00

**Purchase Order Total \$95,000.00**

Department Copy



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> CARPER-KOEPPE INSURANCE, INC. PO BOX 129  HAMILTON IN 46742		<b>CONTACT NAME:</b> DIANE EAKRIGHT <b>PHONE (A/C, No, Ext):</b> 260-488-2636 <b>E-MAIL:</b> carperkoeppeinsurance@gmail.com <b>ADDRESS:</b>		<b>FAX (A/C, No):</b>
<b>INSURED</b> PIERRE KERLEGRAND 7015 MAPLECREST RD  FT WAYNE IN 46835		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: AUTO OWNERS INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b>

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		09887685	03/17/2025	03/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		55-887688-00	03/17/2025	03/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF FT WAYNE 200 E BERRY ST STE 210  FT WAYNE IN 46802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE DIANE EAKRIGHT
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PIERRE KERLEGRAND  
7015 MAPLECREST RD  
FORT WAYNE, IN 468351868

State Form 56478 (1-18)

**Worker's Compensation Board of Indiana**  
Clearance Certificate for Independent Contractors



Name of Independent Contractor  
**PIERRE KERLEGRAND**

Trade Name of Independent Contractor  
**PIERRE KERLEGRAND**

Specified Trade  
**MOWING**

Address  
**7015 MAPLECREST RD  
FORT WAYNE, IN 468351868**

FEIN or SSN  
**xxx-xx-4424**

Phone  
**(260) 557-5212**

E-mail Address  
**gustave1969@gmail.com**

Date Issued  
**2/13/2025**

Affidavit of Exemption Number  
**1526318**

Is applicant an Indiana resident? **YES**

If not, state of residence: **IN**

Pursuant provisions of IC 22-3-2-14.5 and/or IC 22-3-7-34.5, Applicant has confirmed the following information in pursuit of the issuance of this Independent Contractor Certificate of Exemption:

**NO** Applicant is an independent contractor, as defined by IC 22-3-6-1(b)(7) and/or IC 22-3-7-9(b)(5).

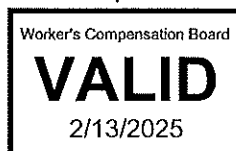
**YES** Applicant is a sole proprietor as defined by IC 22-3-6-1(b)(4) and IC 22-3-7-9(b)(2)  
Sole Proprietorship name: **PIERRE KERLEGRAND** Business ID:

**NO** Applicant is in a partnership as defined by IC 22-3-6-1(b)(5) and IC 22-3-7-9(b)(3)  
Partnership name: Business ID:

**NO** Applicant's independent contractor business is an LLC, an S corporation, or otherwise incorporated and applicant is an officer of that corporation.

**NO** Applicant has employees.

Pursuant to the authority vested in me and in reliance upon the express representations made above, I hereby certify that applicant is entitled to and hereby is declared to be exempted from purchasing worker's compensation insurance coverage for the applicant identified above.



  
Mary Taivalkoski  
Executive Administrator

This certificate expires one (1) year from validation date.

**State Use Only**

\$ 20.00 Filing Fee Paid  
DOR Filing Fee 5.00 WCB Filing Fee 15.00

Date Entered: 2/12/2025

Validation Date: 2/13/2025

# COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

## RFPs & BIDS

Bid/RFP #	ITB #0381012
Awarded To	Pierre Kerlegrand
Amount	\$135,000.00
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	4
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

## EXTENSIONS

Date Last Bid Out	2-24-23
# Extensions Granted To Date	2

## SPECIAL PROCUREMENT

Contract #/ID (State, Federal, Piggyback--Authority)	
Sole Source/ Compatibility Justification	

## BID CRITERIA (Take Buy Indiana requirements into consideration.)

Most Responsible, Responsive Lowest	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain below
If not lowest, explain	

# COUNCIL DIGEST SHEET

## COST COMPARISON

<i>Increase/decrease amount from prior years For annual purchase (if available).</i>	
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## DESCRIPTION OF PROJECT / NEED

<i>Identify need for project &amp; describe project; attach supporting documents as necessary.</i>	<i>This Bid covers the cost of mowing yards for the 2025 Weed Program Season.</i>

## REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	


## FUNDING SOURCE

<i>Account Information.</i>	<i>103UNSF3 5364</i>



**Neighborhood Code Enforcement  
303 East Washington Blvd.  
Fort Wayne, IN 46802**

To: Council Members

From: Christopher Blauvelt, Deputy Director 

Date: August 26, 2025

Subject: I.T.B. #8381812 Neighborhood Code Weed Program

This bid covers the cost of mowing yards for the 2025 Weed Program.

Neighborhood Code would like to increase Purchase Order 25840012 to Pierre Kerlegrand by \$40,000.00 to take care of mowing yards for the remainder of 2025 Weed season.

If we would not increase our Purchase Order there would be tall grass and weeds that would remain on properties. The increase is needed so the City will not be overrun with tall grass and weed in residential areas. This is a potential hazard that could cause these areas to be breeding grounds for trash and debris and vermin.

We have budgeted for the mowing of tall grass and weeds in the Unsafe Building Fund.