

BILL NO. S-25-08-26

SPECIAL ORDINANCE NO. S-_____

AN ORDINANCE approving the INCREASE FOR PURCHASE ORDER #25840006 – NEIGHBORHOOD CODE WEED PROGRAM by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and YARD JOBS INC 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 #25840006 – NEIGHBORHOOD CODE WEED PROGRAM by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and YARD JOBS INC for NEIGHBORHOOD CODE ENFORCEMENT, respectfully for:

increase Purchase Order #25840006 by \$60,000.00 to continue care of mowing yards for the remainder of 2025 Weed season;

involving a total cost of ONE HUNDRED FIFTY-FIVE THOUSAND AND 00/100 DOLLARS - (\$155,000.00) - (original Purchase Order Amount is \$95,000.00; Total Purchase Order Amount is now \$155,000.00 all as more particularly set forth in said INCREASE FOR PURCHASE ORDER #25840006 – 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.

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 Proparties							
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 2350
YARD JOBS INC
4961 N OLD FORT WAYNE RD
HUNTINGTON, IN 46750

Purchase Order

Fiscal Year 2025

Page 1 of 1

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

Purchase Order Number **25840006**

Purchase Order Date **01/16/2025**

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
	YARDJOBS@YAHOO.COM	2350	84025007	


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 GL #: 183UNSF3 - 5364	1.0000	EACH	\$95,000.0000	\$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)

04/16/2025

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).

PRODUCER CARPER-KOEPPE INSURANCE, INC. PO BOX 129 HAMILTON IN 46742		CONTACT NAME: RANDALL L. KOEPPE PHONE (A/C, No, Ext): 260-488-2636 FAX (A/C, No): E-MAIL: CARPERKOEPPEINSURANCE@GMAIL.COM ADDRESS:	
INSURED R MONTY SORG YARD JOBS INC 4961 N OLD FORT WAYNE ROAD HUNTINGTON IN 46750		INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADD'L SUBR INSD 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	09982783	04/13/2025	04/13/2026	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 - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 FORT WAYNE 200 EAST BERRY STREET SUITE 490 michelle.metzger@cityoffortwayne.org FORT 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 RANDALL L. KOEPPE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2025 14:52

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PRODUCER Stroup, Adam 2815 N Jefferson St Huntington, IN 46750	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (260) 356-2522	E-MAIL ADDRESS: Adam.Stroup@infarmbureau.com	
INSURED YARD JOBS, INC. 4961 N OLD FORT WAYNE RD HUNTINGTON, IN 46750-9603	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United Farm Family Mutual Insurance Company		15288
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		X	CAP8521314	04/10/2025	04/10/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							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 FORT WAYNE
200 E BERRY ST

FORT WAYNE, IN 46803

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
Stroup, Adam

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/16/2025

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PRODUCER AMSTUTZ INS INC 4302 FLAGSTAFF CV FORT WAYNE, IN 468154416	CONTACT NAME:		
	PHONE (A/C. No. Ext.):	FAX (A/C. No. Ext.):	
INSURED YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$
	OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	UB-6R27344-8-25	03/13/2025	03/13/2026	X PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N					E.L. EACH ACCIDENT	\$500000
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW						E.L. DISEASE - EA EMPLOYEE	\$500000
							E.L. DISEASE - POLICY LIMIT	\$500000
								\$
								\$
								\$

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

CERTIFICATE HOLDER**CANCELLATION**

YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	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

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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 #8381812
Awarded To	Yard Jobs
Amount	\$155,000.00
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	6
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 & 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 *CKB*

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 25840006 to Yard Jobs by \$60,000.00 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.