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AN ORDINANCE approving the awarding of ITB #8355844 - SERVICE AGREEMENT - 2026 CLEAN-UPS AND FILLING CISTERNS FOR NEIGHBORHOOD CODE - (\$300,000.00) between YARD JOBS INC. and the City of Fort Wayne, Indiana, by and through its Purchasing Department.

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

SECTION 1. That ITB #8355844 - SERVICE AGREEMENT - 2026 CLEAN-UPS AND FILLING CISTERNS FOR NEIGHBORHOOD CODE - between YARD JOBS INC. the City of Fort Wayne, Indiana, by and through its Purchasing Department, is hereby ratified, and affirmed and approved in all respects, respectfully for:

All labor, insurance, material, equipment, tools, power, transportation, miscellaneous equipment, etc., necessary for CLEANING UP TRASH AND DEBRIS AND FILLING CISTERNS IN THE CITY OF FORT WAYNE;

involving a total cost of THREE HUNDRED THOUSAND AND 00/100 DOLLARS – (\$300,000.00) all as more particularly set forth in said ITB #8355844 - SERVICE AGREEMENT – 2026 CLEAN-UPS AND FILLING CISTERNS FOR NEIGHBORHOOD CODE which is on file in 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



| | SERVICE AGRE | EMENT: |
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| | THE PERSON NAMED IN | |
| SUPPLIER NAME | CITY DEPARTMENT | |
| Yard Jobs | Neighbork | St., Ste 320 |
| STREET ADDRESS | STREET AUDRESS | " St Ste 320 |
| HOLL OF OUR FORT WALKE 10 | 200 E. Berry | 01., 01. |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP COD | E |
| CITY, STATE, ZIP CODE HUNTINGTON /N 46750 ATTENTION PHONE | Fort Way | Ne, IN 46802 |
| MONTH JORG (260) 610-3677 | | |
| 1 101114 000) (200) 010 | | |
| Service Description | C | Rates |
| Service Description 2026 Cleanups of filling Cistern | 2 | . 00 |
| Per ITB # 8355844 | | \$300,0000 |
| 7 | Aggregate Price | |
| | 71991 09 | |
| The following is made a part of this Agreement: | | |
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| This Agreement Is entered into between Supplier and the side hereof are part of this Agreement. Capitalized terms so requires. The City may extend the Contract at its option of less than thirty days prior to the expiration date. | city. The additional on this page are use n, for an equivalent pe | terms and conditions on the reverse d as defined terms when the context riod, by written notice to the Supplier |
| SUPPLIER: For Independent Contractors: Will any Individuals other | 7 | |
| than yourself perform work on this project? Yes I No I o If yes, see reverse side for Worker's Comp. requirement. | CITY OF FORT WA | YNE: |
| By (Signature): | By (Signature): | |
| Mith Sex | D: 1-1V | |
| Printed Name | Printed Name: | |
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Base Sid Total:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MIMODITYYY) 04/10/2025

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CERTIFICATE OF LIABILITY INSURANCE

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

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(les) 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 FAX (A/C, No); PHONE (260) 356-2522 (A/C, No, Ext): (260) 356-2522 Stroup, Adam Adam.Stroup@infarmbureau.com 2815 N Jefferson St ADDRESS: Huntington, IN 46750 INSURER(S) AFFORDING COVERAGE NAIC# United Farm Family Mutual Insurance Company 15288 INSURER A: INSURED INSURER B: YARD JOBS, INC. INSURER C: 4961 N OLD FORT WAYNE RD INSURER D: **HUNTINGTON, IN 46750-9603** INSURER E INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: **COVERAGES** 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 PERIAN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CENTRAL OF ALCUMENT AND ALL THE TERMS, THE POLICIES DESCRIBED AND CONDITIONS OF ALCUMENT AND AND ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP ADDLISUBR LIMITS TYPE OF INSURANCE POLICY NUMBER EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 AUTOMOBILELIABILITY BODILY INJURY (Per person) OTUA YAA BODILY INJURY (Per accident) 04/10/2025 04/10/2026 SCHEDULED CAP8521314 OWNED X AUTOS ONLY HIRED Χ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ Х Χ AUTOS ONLY \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANYPROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE CITY OF FORT WAYNE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 200 E BERRY ST FORT WAYNE, IN 46803 AUTHORIZED REPRESENTATIVE Stroup, Adam

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 CONSTITUE 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(les) 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 an endorsement(s). CONTACT PRODUCER NAME: AMSTUTZ INS INC PHONE FAX (A/C. No. Ext.): (A/C, No. Ext.): 4302 FLAGSTAFF CV FORT WAYNE, IN 468154416 E-MAIL ADDRESS: NAIC # INSURER(S) AFFORDING COVERAGE INSURED INSURER A: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA YARD JOBS, INC. INSURER B: 4961-N OLD FT WAYNE RD **HUNTINGTON, IN 46750** INSURER C: INSURER D: INSURER E : INSURER F: REVISION NUMBER: **CERTIFICATE NUMBER: COVERAGES** 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. POLICY EFF POLICY EXP HISR LIMITS TYPE OF INSURANCE POLICY NUMBER LTR EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR PREMISES (Ea Occurrence) MEO EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PROJECT PRODUCTS -- COMP/OP AGG POLICY Loc AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT OTUA YAA BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODRY INJURY (Per accident) PROPERTY DAMAGE NON-OWNED AUTOS ONLY AUTOS ONLY (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? PER STATUTE отн 03/13/2025 03/13/2026 N/A UB-6R27344-8-25 YAT Ν \$500000 E.L. EACH ACCIDENT OFFICE OF THE STATE OF THE STAT E.L. DISEASE-EA EMPLOYEE \$500000 \$500000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED YARD JOBS, INC BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

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4961-N OLO FT WAYNE RD

HUNTINGTON, IN 46750

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS

Neighborhood Code Compliance 200 East Berry St. Suite 320 Fort Wayne, IN 46802

To:

Council Members

From:

Christopher Blauvelt, Deputy Director (NB 10-20-25

Date:

November 4, 2025

Subject:

I.T.B. #8355844 Clean Ups

This bid covers the cost of cleaning up trash and debris and filling cisterns.

Neighborhood Code will be awarding Yard Jobs Inc. the 2026 bid for our clean-ups and filling of cisterns for \$300,000. Yard Jobs Inc has agreed to extend the 2023 ITB #8355844 contract from January 1, 2026 to December 31, 2026 at the existing pricing and specifications.

If we would not award this contract there would be trash & debris that would remain on properties and cisterns that are open and potentially hazardous.

We have budgeted for these clean-ups in the Unsafe Building Fund.

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.

| R | FPs. | R | RH | DS |
|---|------|---|----|----|
| | | | | |

| RFPs & BIDS | • |
|-------------------------------|---|
| Bid/RFP# | ITB # 8355844 |
| Awarded To | Yard Tobs \$ 300,000.00 |
| Amount | * 300,000.00 |
| Conflict of interest on file? | ☐ Yes ☐ No |
| Number of Registrants | |
| Number of Bidders | 2 |
| Required Attachments | RFPs – attach Award Matrix; Bids – attach Tab Sheet |
| | |
| • | |
| EXTENSIONS | |
| Dafe Last Bid Out | 12-29-22 |
| # Extensions Granted | |
| To Date | 2 |
| | |
| • | |
| SPECIAL PROCUREM | HENT |
| Contract #/ID | |
| (State, Federal, | |
| Piggyback-Authority) | |
| Sole Source/ | |
| Compatibility Justification | |
| | |
| | • |

BID CRITERIA (Take Buy Indiana requirements into consideration.)

| Most Responsible, Responsive Lowest | Yes Yes | □ No | If no, explain below | |
|--|---------|------|----------------------|--|
| If not lowest, explain | | | | |

COUNCIL DIGEST SHEET

| COST COMPARISON | |
|---|--|
| Increase/decrease amount | |
| from prior years | |
| For annual purchase | |
| (if available). | 1 |
| | |
| | • |
| DESCRIPTION OF PRO | DJECT / NEED |
| Identify need for project & | This bid covers the cost of Cleaning up trash and debris and filling Cisterns in the City of Fort Wayne. |
| describe project; attach | and debris and filling Cisterns in the City |
| supporting documents as | of Fort Wayne. |
| necessary. | |
| | |
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| | |
| REQUEST FOR PRIO | |
| Provide justification if | |
| Provide justification if prior approval is being | |
| Provide justification if | |
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| Provide justification if prior approval is being requested. | |
| Provide justification if prior approval is being | |
| Provide justification if prior approval is being requested. | |
| Provide justification if prior approval is being requested. FUNDING SOURCE | |
| Provide justification if prior approval is being requested. FUNDING SOURCE | |
| Provide justification if prior approval is being requested. FUNDING SOURCE | |