

BILL NO. S-25-11-01

SPECIAL ORDINANCE NO. S-_____

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 AGREEMENT: _____

SUPPLIER NAME <i>Yard Jobs</i>	CITY DEPARTMENT <i>Neighborhood Code</i>
STREET ADDRESS <i>4961 N. Old Fort Wayne Rd</i>	STREET ADDRESS <i>200 E. Berry St., Ste 320</i>
CITY, STATE, ZIP CODE <i>Huntington, IN 46750</i>	CITY, STATE, ZIP CODE <i>Fort Wayne, IN 46802</i>
ATTENTION/PHONE <i>Monty Sorg (260) 610-3677</i>	

Service Description	Rates
<i>2026 Cleanups & filling CISTERS</i> <i>Per ITB # 0355044</i>	<i>\$300,000.00</i>
Aggregate Price	

The following is made a part of this Agreement:

This Agreement is entered into between Supplier and the City. The additional terms and conditions on the reverse side hereof are part of this Agreement. Capitalized terms on this page are used as defined terms when the context so requires. The City may extend the Contract at its option, for an equivalent period, by written notice to the Supplier not less than thirty days prior to the expiration date.

SUPPLIER:

For Independent Contractors: Will any individuals other than yourself perform work on this project? Yes ☐ No ☐
o If yes, see reverse side for Worker's Comp. requirement.

CITY OF FORT WAYNE:

By (Signature): <i>Monty Sorg</i>	By (Signature):
Printed Name: <i>Monty Sorg</i>	Printed Name:
Date: <i>10-20-25</i>	Date:

Created With Tiny Scanner

Annual Requirements for Clean-ups for the Neighborhood Code Compliance Department (#8355844)

Owner: Purchasing
 Solicitor: Port Wayne IN, City of
 12/29/2022 11:00 AM EST

Section Title Item Item Description
 Cost of filling ditches. Note: All open unsecured ditches shall be filled to top with #73 stone. Recycled stone acceptable.

- 1 Cost of stone
- 2 Labor
- 3 Truck charge. (NCC will only pay for specific time trucks being loaded and driven to eastern location)
- 4 Bobcat (if applicable)
- 5 Backhoe/Front End Loader (if applicable)

Type I: ALL-INCLUSIVE

- 6 Brush, limbs and logs
- 7 General Refuse and Garbage (i.e. furniture, small appliances, toys, bags of garbage, junk, etc.)
- 8 Tires (up to 48 inches)
- 9 Tires (over 48 inches)
- 10 Tractor Tire
- 11 Televisions (up to 48 inches)
- 12 Televisions (over 48 inches)

Type II: TIME AND MATERIAL

- 13 Labor
- 14 Trucking
- 15 Equipment
- 16 Brush, limbs and logs
- 17 General refuse
- 18 Tires (up to 48 inches)
- 19 Tires (over 48 inches)
- 20 Tractor Tire
- 21 Television (up to 48 inches)
- 22 Television (over 48 inches)

Base Bid Total:

UoM	Quantity	Unit Price	Extension	Work Companies	Extension
Ton	1	\$23.00	\$23.00	\$20.00	\$485.00
Hour	1	\$45.00	\$45.00	\$60.00	\$20.00
Hour	1	\$55.00	\$55.00	\$125.00	\$80.00
Hour	1	\$75.00	\$75.00	\$115.00	\$125.00
Hour	1	\$90.00	\$90.00	\$155.00	\$115.00
Hour	1	\$245.00	\$245.00	\$450.00	\$450.00
Cu Yd	1	\$40.00	\$40.00	\$40.00	\$40.00
Cu Yd	1	\$82.00	\$82.00	\$95.00	\$95.00
Ea	1	\$15.00	\$15.00	\$25.00	\$25.00
Ea	1	\$23.00	\$23.00	\$50.00	\$50.00
Ea	1	\$28.00	\$28.00	\$90.00	\$100.00
Ea	1	\$38.00	\$38.00	\$100.00	\$100.00
Ea	1	\$405.00	\$405.00	\$780.00	\$780.00
Hour	1	\$48.00	\$48.00	\$80.00	\$80.00
Hour	1	\$55.00	\$55.00	\$125.00	\$125.00
Hour	1	\$80.00	\$80.00	\$115.00	\$115.00
Hour	1	\$95.00	\$95.00	\$40.00	\$40.00
Cu Yd	1	\$75.00	\$75.00	\$95.00	\$95.00
Cu Yd	1	\$13.00	\$13.00	\$25.00	\$25.00
Ea	1	\$20.00	\$20.00	\$50.00	\$50.00
Ea	1	\$25.00	\$25.00	\$100.00	\$100.00
Ea	1	\$30.00	\$30.00	\$90.00	\$90.00
Ea	1	\$35.00	\$35.00	\$100.00	\$100.00
Ea	1	\$43.00	\$43.00	\$175.00	\$175.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2025

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. Ex): 260-488-2636 FAX (A/C No.): E-MAIL: CARPERKOEPPEINSURANCE@GMAIL.COM ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED R MONTY SORG YARD JOBS INC 4961 N OLD FORT WAYNE ROAD HUNTINGTON IN 46750	

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(SUBR) INSD WYD	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 - COMPROP 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"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) 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
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



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(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 Stroup, Adam 2815 N Jefferson St Huntington, IN 46750	CONTACT NAME:	
	PHONE (A/C, No, Ext): (260) 356-2522 FAX (A/C, No):	
	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						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	x		CAP8521314	04/10/2025	04/10/2026	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below.		N/A				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

CITY OF FORT WAYNE
200 E BERRY ST
FORT WAYNE, IN 46803

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

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

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 an endorsement(s).

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:

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						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$
							MEOW 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 <input type="checkbox"/>						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N <input type="checkbox"/>	N/A	UB-6R27344-8-25	03/13/2025	03/13/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$500000
							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

© 1993-2015 ACORD CORPORATION. All rights reserved.

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

To: Council Members

From: Christopher Blauvelt, Deputy Director *CLB 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.

RFPs & BIDS

Bid/RFP #	ITB # 0355044
Awarded To	Yard Tools
Amount	\$ 300,000.00
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	2
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

EXTENSIONS

Date Last Bid Out	12-29-22
# 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

Increase/decrease amount from prior years For annual purchase (if available).	
--	--

DESCRIPTION OF PROJECT / NEED

Identify need for project & describe project; attach supporting documents as necessary.	This bid covers the cost of cleaning up trash and debris and filling Cisterns in the City of Fort Wayne.

REQUEST FOR PRIOR APPROVAL

Provide justification if prior approval is being requested.	

FUNDING SOURCE

Account Information.	103 UNSF3 5369