BILL NO. S-26-11-12

SPECIAL ORDINANCE NO. S-_____

AN ORDINANCE approving the awarding of ITB #8355844 - SERVICE AGREEMENT CLEAN-UPS 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 – CLEAN-UPS FOR NEIGHBORHOOD CODE - between YARD JOBS INC. and 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 – CLEAN-UPS 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

CITY OF FORT WAYNE

October 21, 2026

Mr. Monty Sorg
Yard Jobs Inc.
4961 N. Old Fort Wayne Road
Huntington, IN 46750
yardjobs@yahoo.com

Dear Mr. Sorg:

Subject: ITB #8355844- Annual Requirements for the Clean-ups for the Neighborhood Code Compliance Department

The City of Fort Wayne's Purchasing Department would like to extend the above subject contract from January 1, 2027, to December 31, 2027, at the existing pricing and specifications.

Please indicate your concurrence by signing below and return to sanda.minic@cityoffortwayne.org no later than Friday, October 30, 2026.

If this extension is accepted for this service, a purchase order will be issued after January 1, 2027.

Should you have any questions, please do not hesitate to contact our office at 427-1377.

Sincerely,

Sanda Minic

Yard Jobs, Inc.

Signature of Authorized Representative

10-25-26
Date

SERVICE AGREEMENT: ITB# 8355844

SUPPLIER NAME Yard Jobs Inc	CITY DEPARTMENT/CONTACT NAME Neighborhood Code Compliance
STREET ADDRESS 4961 N. Old Fort Wayne Road	STREET ADDRESS 200 E Berry St., Suite 320
CITY, STATE, ZIP CODE Huntington, IN 46750	CITY, STATE, ZIP CODE Fort Wayne, IN 46802
ATTENTION yardjobs@yahoo.com	INVOICE ADDRESS
TELEPHONE	CITY, STATE, ZIP CODE

Service Description	Rates
ITB# 8355844 Annual Requirements for Clean -Ups for 2027	$300,000.00

Estimated Completion Date:	

The following is made part of this agreement:

This Agreement is entered into between Supplier and the City. The Additional Terms and Conditions below 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 by mutual agreement and written notice to the Supplier.

SUPPLIER REPRESENTS THAT ANY PERSON OR ENTITY CONTRACTED OR PERMITTED BY SUPPLIER TO PERFORM AND DELIVER THE SERVICES WHO IS NOT AN EMPLOYEE OF SUPPLIER SHALL BE REQUIRED BY SUPPLIER TO COMPLY WITH THE WORKMEN'S COMPENSATION REQUIREMENTS ON THE REVERSE SIDE HEREOF.

***SUPPLIER, OR ANY PERSON OR ENTITY CONTRACTED OR PERMITTED BY SUPPLIER TO PERFORM AND DELIVER THE SERVICES THAT DOES NOT CARRY WORKMEN'S COMPENSATION INSURANCE MUST SUBMIT A VALID CLEARANCE CERTIFICATE APPROVED BY THE WORKMEN'S COMPENSATION BOARD OF INDIANA.**

SUPPLIER:	City of Fort Wayne
By (Signature):	By (Signature):
Printed Name: Monty Sorg	Printed Name:
Date: 11-2-26	Date:

ADDITIONAL TERMS AND CONDITIONS

1 SERVICES Supplier agrees to perform the Services beginning on the Begin Date and continuing until the Services are completed Supplier warrants that the Services will be completed on or before the End Date. TIME IS OF THE ESSENCE. Supplier warrants that all Services shall conform to the Service Description, be of good quality and workmanship, and be free from defects Supplier further warrants that all goods furnished in connection with the Services shall be merchantable and suitably safe and sufficient for the purpose for which they are normally used. Supplier warrants that it has good title to goods supplied hereunder and that they are free of all liens and encumbrances These warranties are in addition to those implied in fact or in law For the purposes of this Agreement, the term "Services" shall include any goods furnished in connection with the Services

2 INVOICES Supplier shall invoice the City for Services performed according to the Rates, Billing Interval, and Invoice Address Invoices shall be rendered in triplicate and shall itemize the Services performed, the Service Address, and the corresponding rates and taxes, if any. Payment shall be due within thirty (30) days after the invoice date or the date of completion of the invoiced Services, whichever occurs later, provided that the City shall not be obligated to make any payment to Supplier hereunder until Supplier has furnished proof satisfactory to the City of full payment for all labor, materials, supplies, machinery, and equipment furnished for or used in performance of this Agreement or has furnished all necessary waivers of lien supported by affidavits, all satisfactory to the City, establishing that all liens

E-Verify Affidavit

Pursuant to Indiana Code 22-5-1.7, Contractor agrees and shall enroll in and verify the work eligibility status of all newly hired employees of the contractor through the E-Verify program. E-Verify means the electronic verification of work authorization program of the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (P.L. 104-208). Division C, Title IV, s.403(a), as amended, operated by the United States Department of Homeland Security or a successor work authorization program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work authorization status of newly hired employees under the Immigration Reform and Control Act of 1986 (P.L. 99-603). Contractor is not required to verify the work eligibility status of all newly hired employees of Contractor through the E-verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City, the undersigned Contractor will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify program.

Yard Jobs, Inc
Name of Company

Company Representative Signature

Owner
Title

ACKNOWLEDGEMENT

STATE OF IN)
) SS
COUNTY OF Allen)

Brian Reinhart, Notary Public
Commission Number: NP0742332
My Commission Expires: 7/12/2030
Residing in Allen County, IN

Before me, a Notary Public, in and for said State and County, personally appeared the within named Company by Name, Title, who being first duly sworn upon his/her oath states that he/she is a duly authorized agent of the Contractor, and as such duly authorized to execute the foregoing Declaration, and acknowledged the same as his/her voluntary act and deed.

WITNESS my hand and swear this 3rd day of November, 20 26.

My Commission Expires: 7/12/2030

Signature of Notary Public

Resident of Allen County

BRIAN REINHART
Printed Name

Annual Requirements for Clean-ups for the Neighborhood Code Compliance Department (#3355844)
Owner: Purchasing
Solicitor: Fort Wayne IN, City of
12/29/2022 11:00 AM EST

Section	Tbl Line	Item	Item Description	UofM	Quantity	Yard Jobs, Inc Unit Price	Yard Jobs, Inc Extension	Work Companies Unit Price	Work Companies Extension
							$288.00		$465.00
Cost of filling cisterns. Note: All open unsecured cisterns shall be filled to top with #73 stone. Recycled stone acceptable.									
		1	Cost of stone	Ton	1	$23.00	$23.00	$20.00	$20.00
		2	Labor	Hour	1	$45.00	$45.00	$60.00	$60.00
		3	Truck charge. (NCC will only pay for specific time truck is being loaded and driven to cistern location)	Hour	1	$55.00	$55.00	$125.00	$125.00
		4	Bobcat (if applicable)	Hour	1	$75.00	$75.00	$115.00	$115.00
		5	Backhoe/Front End Loader (if applicable)	Hour	1	$90.00	$90.00	$165.00	$165.00
							$249.00		$460.00
Type 1: ALL-INCLUSIVE									
		6	Brush, limbs, and logs	Cu Yd	1	$40.00	$40.00	$40.00	$40.00
		7	General Refuse and Garbage (i.e. furniture, small appliances, toys, bags of garbage, junk, etc.)	Cu Yd	1	$82.00	$82.00	$95.00	$95.00
		8	Tires (up to 18 inches)	Ea	1	$15.00	$15.00	$25.00	$25.00
		9	Tires (over 18 inches)	Ea	1	$23.00	$23.00	$50.00	$50.00
		10	Tractor Tire	Ea	1	$28.00	$28.00	$100.00	$100.00
		11	Televisions (up to 46 inches)	Ea	1	$23.00	$23.00	$50.00	$50.00
		12	Televisions (over 46 inches)	Ea	1	$38.00	$38.00	$100.00	$100.00
							$406.00		$760.00
Type II: TIME AND MATERIAL									
		13	Labor	Hour	1	$48.00	$48.00	$60.00	$60.00
		14	Trucking	Hour	1	$55.00	$55.00	$125.00	$125.00
		15	Equipment	Hour	1	$80.00	$80.00	$115.00	$115.00
		16	Brush, limbs, and logs	Cu Yd	1	$35.00	$35.00	$40.00	$40.00
		17	General refuse	Cu Yd	1	$75.00	$75.00	$95.00	$95.00
		18	Tires (up to 18 inches)	Ea	1	$13.00	$13.00	$25.00	$25.00
		19	Tires (over 18 inches)	Ea	1	$20.00	$20.00	$50.00	$50.00
		20	Tractor Tire	Ea	1	$25.00	$25.00	$100.00	$100.00
		21	Television (up to 46 inches)	Ea	1	$20.00	$20.00	$50.00	$50.00
		22	Television (over 46 inches)	Ea	1	$35.00	$35.00	$100.00	$100.00
							$343.00		$1,705.00
Base Bid Total:									

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/06/2026

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: BROOKE CHAMBERLAIN PHONE (A/C, No, Ext): 260-488-2636 FAX (A/C, No): E-MAIL ADDRESS: CARPERKOEPPEINSURANCE@GMAIL.COM
INSURED R MONTY SORG YARD JOBS INC 4961 N OLD FORT WAYNE ROAD HUNTINGTON IN 46750	INSURER(S) AFFORDING COVERAGE — NAIC # 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		09982783	04/13/2026	04/13/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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

CITY OF FORT WAYNE
200 E BERRY ST
FORT WAYNE IN 46802

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
Brooke Chamberlain

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emailed 3/10/26

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/07/2026

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.

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PRODUCER	CONTACT NAME:	
Stroup, Adam 2815 N Jefferson St Huntington, IN 46750	PHONE (A/C, No, Ext): (260) 356-2522	FAX (A/C, No):
	E-MAIL ADDRESS: Adam.Stroup@Infarmbureau.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: United Farm Family Mutual Insurance Company	15288
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
YARD JOBS, INC.
4961 N OLD FORT WAYNE RD
HUNTINGTON, IN 46750-9603

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

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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 [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS	X		CAP8521314	04/10/2026	04/10/2027	BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 is Additional Insured

CERTIFICATE HOLDER

City Of Fort Wayne
200 E Berry St
Fort Wayne, IN 46802

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/5/2026

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.

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PRODUCER	CONTACT NAME:	
AMSTUTZ INS INC 4302 FLAGSTAFF CV FORT WAYNE, IN 468154416	PHONE (A/C, No, Ext.):	FAX (A/C, No, Ext.):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	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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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 CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PROJECT ☐ LOC OTHER						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS – COMP/OP AGG	$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N N	N/A	UB-6R27344-8-26	03/13/2026	03/13/2027	X PER STATUTE ☐ 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)

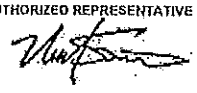
CERTIFICATE HOLDER

CITY OF FORT WAYNE
200 E BERRY ST
FORT WAYNE, IN 46802

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



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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 # 8355844
Awarded To	Yard Jobs, INC
Amount	$300,000
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

Date Last Bid Out	12-29-26
# Extensions Granted To Date	3

SPECIAL PROCUREMENT

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

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

Most Responsible, Responsive Lowest	☒ 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).	

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 of cisterns in the City of Fort Wayne.

REQUEST FOR PRIOR APPROVAL

Provide justification if prior approval is being requested.	

FUNDING SOURCE

Account Information.	183 UNSF3 5369

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

To: Council Members

From: Christopher Blauvelt, Deputy Director CB 11-2-26

Date: November 2, 2026

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 2027 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, 2027 to December 31, 2027 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.