

1 **BILL NO. S-25-08-25**

2 **SPECIAL ORDINANCE NO. S- 109-25**

3
4 **AN ORDINANCE** approving the INCREASE FOR
5 PURCHASE ORDER #25840012 – NEIGHBORHOOD
6 CODE WEED PROGRAM by the City of Fort Wayne,
7 Indiana, by and through its Department of Purchasing
8 and PIERRE KERLEGRAND for NEIGHBORHOOD
9 CODE ENFORCEMENT.

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

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

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

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

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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	KLA 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

Purchase Order

Fiscal Year 2025

Page 1 of 1

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

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

Purchase Order Number **25840012**

Purchase Order Date 02/18/2025

Department CD NEIGHBORHOOD CODE

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

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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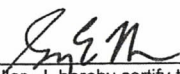
8659 84025006

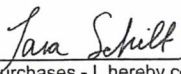
NOTES

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)
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).

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

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 - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	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/A				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 FT WAYNE 200 E BERRY ST STE 210 FT 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 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**



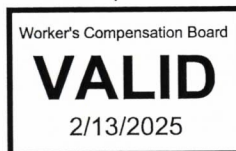
Name of Independent Contractor PIERRE KERLEGRAND	Trade Name of Independent Contractor PIERRE KERLEGRAND	Specified Trade MOWING
Address 7015 MAPLECREST RD FORT WAYNE, IN 468351868	FEIN or SSN xxx-xx-4424	Phone (260) 557-5212
E-mail Address gustave1969@gmail.com	Date Issued 2/13/2025	Affidavit of Exemption 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 #8381012
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 <i>If no, explain below</i>
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 

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.

BILL NO. S-25-08-25

REPORT OF COMMITTEE ON FINANCE

September 02, 2025

Nathan Hartman Chair

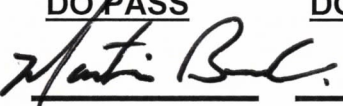
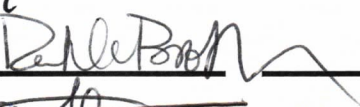


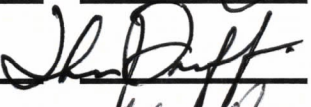



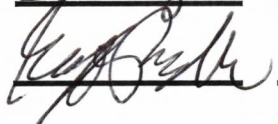
Geoff Paddock Co-Chair

All Council Members

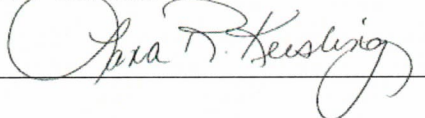
An Ordinance approving the increase for Purchase Order #25840012 – Neighborhood Code Weed Program by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and Pierre Kerlegrand for Neighborhood Code Enforcement

Increase Purchase Order by \$40,000.00 for a new total of \$135,000.00

COMMITTEE ON FINANCE HAVE HAD SAID Ordinance under consideration and beg leave to report back to the Common Council that said Ordinance

<u>COUNCIL MEMBER</u>	<u>DO PASS</u>	<u>DO NOT PASS</u>	<u>ABSTAIN</u>
BENDER			
BOOKER			
CHAMBERS			
ENSLEY			
FREISTROFFER			
HARTMAN			
JEHL			
MYERS			
PADDOCK			

**LANA R. KEESLING
CITY CLERK**



Public Hearing Date: N/A


Read the first time in full and on motion by Councilperson Hartman.

Read the second time by title and referred to the Finance Committee.

Read the third time in full and on motion by Councilperson Hartman, placed on passage by the following vote:

<u>TOTAL VOTES</u>	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
BENDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOOKER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAMBERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENSLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FREISTROFFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARTMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JEHL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MYERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PADDOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED: September 9, 2025

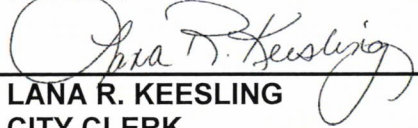


 LANA R. KEESLING, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as

Special Ordinance No. S-25-08-25 on the 9th day of September, 2025

ATTEST:




 LANA R. KEESLING
 CITY CLERK



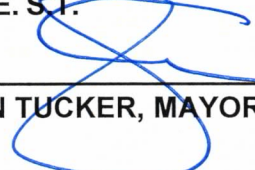
 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 10th of September 2025, at the hour of 9:45 o'clock A.M. E.S.T.



 LANA R. KEESLING, CITY CLERK

Approved and signed by me this 10th day of September 2025, at the hour of 4:12 o'clock p.m. E. S.T.



 SHARON TUCKER, MAYOR

FORT WAYNE, INDIANA
RECEIVED
 SEP 12 2025
 LANA R. KEESLING
 CITY CLERK