

1 **BILL NO. S-26-02-01**

2 **SPECIAL ORDINANCE NO. S- 14-26**

3  
4 **AN ORDINANCE** approving the awarding of ITB #8381812 -  
5 NEIGHBORHOOD CODE COMPLIANCE WEED  
6 PROGRAM - (\$200,000.00) between PIERRE  
7 KERLEGRAND and YARD JOBS INC. and the City of Fort  
8 Wayne, Indiana, by and through its Purchasing Department.

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

11 **SECTION 1.** That ITB #8381812 - NEIGHBORHOOD CODE COMPLIANCE  
12 WEED PROGRAM - between PIERRE KERLEGRAND and YARD JOBS INC. and the City  
13 of Fort Wayne, Indiana, by and through its Purchasing Department, is hereby ratified, and  
14 affirmed and approved in all respects, respectfully for:

15 All labor, insurance, material, equipment, tools, power, transportation,  
16 miscellaneous equipment, etc., necessary for MOWING YARDS FOR THE  
17 2026 WEED SEASON IN THE CITY OF FORT WAYNE;

18 involving a total cost of TWO HUNDRED THOUSAND AND 00/100 DOLLARS -  
19 (\$200,000.00) all as more particularly set forth in said ITB #8381812 - NEIGHBORHOOD  
20 CODE COMPLIANCE WEED PROGRAM which is on file in the Department of Purchasing,  
21 and is by reference incorporated herein, made a part hereof, and is hereby in all things  
22 ratified, confirmed and approved.

23 **SECTION 2.** That this Ordinance shall be in full force and effect from and after its  
24 passage and any and all necessary approval by the Mayor.

25   
26 Council Member

27 APPROVED AS TO FORM AND LEGALITY

28   
29 Malak Heiny, City Attorney  
30



# CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

January 9, 2026

Pierre Kerlegrand  
7025 Maplecrest Road  
Fort Wayne, IN 46835

Subject: ITB #8381812- Neighborhood Code Compliance Weed Program

The City of Fort Wayne's Purchasing Department would like to extend the above subject contract for the 2026 mowing season at the existing pricing and specifications.

Please indicate your concurrence by signing below and returning this letter via email: [michelle.metzger@cityoffortwayne.org](mailto:michelle.metzger@cityoffortwayne.org) at your earliest convenience. If you are not able to hold your pricing, please advise via email.

If this extension is accepted, a purchase order will be issued after January 1, 2026. Should you have any questions, please do not hesitate to contact our office at (260) 427-1103. Thank you in advance for your assistance.

Sincerely,

Pierre Kerlegrand

*Michelle Metzger*  
Michelle Metzger  
Purchasing

*Pierre Kerlegrand*  
Signature of Authorized Representative

1/20/2026  
Date



# CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

January 9, 2026

Yard Jobs  
4961 N Old Fort Wayne Rd  
Huntington, IN 46750

Subject: ITB #8381812– Neighborhood Code Compliance Weed Program

The City of Fort Wayne's Purchasing Department would like to extend the above subject contract for the **2026 mowing season** at the existing pricing and specifications.

Please indicate your concurrence by signing below and returning this letter via email: [michelle.metzger@cityoffortwayne.org](mailto:michelle.metzger@cityoffortwayne.org) at your earliest convenience. If you are not able to hold your pricing, please advise via email.

If this extension is accepted, a purchase order will be issued after January 1, 2026. Should you have any questions, please do not hesitate to contact our office at (260) 427-1103. Thank you in advance for your assistance.

Sincerely,

Yard Jobs

*Michelle Metzger*

Michelle Metzger  
Purchasing

  
\_\_\_\_\_  
Signature of Authorized Representative

1-11-26  
\_\_\_\_\_  
Date

24840006 24840007

Neighborhood Code Weed Program ITB#8381812							
Owner: Purchasing							
Licitor: Fort Wayne IN, City of							
/24/2023 11:00 AM EST							
	Pierre Kerlegrand	Yard Jobs	KLA Pmgt	YARD RAIDERZZZ	JL Oetting	Worx Co	
1	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
	<b>Total</b>	<b>\$481.00</b>	<b>\$541.00</b>	<b>\$830.00</b>	<b>\$865.00</b>	<b>\$945.00</b>	<b>\$4,665.00</b>
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
	<b>Total</b>	<b>\$40.00</b>	<b>\$45.00</b>	<b>\$175.00</b>	<b>\$152.99</b>	<b>\$123.00</b>	<b>\$76.00</b>
Need 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



# 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 E-MAIL ADDRESS: carperkoeppeinsurance@gmail.com FAX (A/C, No):
INSURED PIERRE KERLEGRAND 7015 MAPLECREST RD  FT WAYNE IN 46835	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	ADDL 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	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 OCCUR EXCESS LIAB CLAIMS-MADE DED 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	Y/N	N/A			PER STATUTE OTHER 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)

<b>CERTIFICATE HOLDER</b>  CITY OF FT WAYNE 200 E BERRY ST STE 210  FT WAYNE IN 46802	<b>CANCELLATION</b>  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).

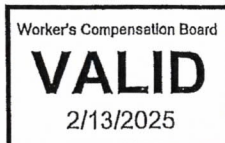
**YES** Applicant is a sole proprietor as defined by IC 22-3-6-1(b)(4) and IC 22-3-7-9(b)(2)  
Sole Proprietorship name: PIERRE KERLEGRAND      Business ID:

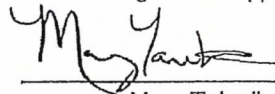
**NO** Applicant is in a partnership as defined by IC 22-3-6-1(b)(5) and IC 22-3-7-9(b)(3)  
Partnership name:      Business ID:

**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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/2025

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

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR Y/YD	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"/> PROJECT <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 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	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 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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<b>PRODUCER</b> Stroup, Adam 2815 N Jefferson St Huntington, IN 46750	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> (260) 356-2522	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> Adam.Stroup@infarmbureau.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> United Farm Family Mutual Insurance Company		15288
<b>INSURER B:</b> _____		
<b>INSURER C:</b> _____		
<b>INSURER D:</b> _____		
<b>INSURER E:</b> _____		
<b>INSURER F:</b> _____		

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
A	<b>AUTOMOBILE LIABILITY</b> <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) \$ _____ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N 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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<b>PRODUCER</b> AMSTUTZ INS INC 4302 FLAGSTAFF CV FORT WAYNE, IN 468154416	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext.):</b>	<b>FAX (A/C. No. Ext.):</b>	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER:

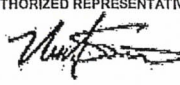
REVISION NUMBER:

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							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N	N/A	UB-6R27344-8-25	03/13/2025	03/13/2026	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****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	Pierre Kerlegrand & Yard Jobs INC.
Amount	\$100,000.00 - Pierre Kerlegrand \$100,000.00 - Yard Jobs, INC
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	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	<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 &amp; describe project; attach supporting documents as necessary.</i>	<i>This Bid Covers the cost of Mowing Yards for the 2026 Weed Season.</i>

## REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	

## FUNDING SOURCE

<i>Account Information.</i>	<i>183UNSF3 5364</i>

**Neighborhood Code Compliance  
320 E Berry St, Suite 320  
Fort Wayne, IN 46802**

To: Council Members

From: Christopher Blauvelt, Deputy Director *CKB*

Date: January 22, 2026

Subject: I.T.B. #8381812 Neighborhood Code Weed Program

This bid covers the cost of mowing yards for the 2026 Weed Program.

Neighborhood Code would like to award I.T.B. #8381812 Service Agreements to Pierre Kerlegrand for \$100,000.00 and Yard Jobs Inc. for \$100,000.00 to take care of mowing yards for the 2026 Weed season.

If we would not award these Service agreements there would be tall grass and weeds that would remain on properties. These are 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-26-02-01**

**REPORT OF COMMITTEE ON FINANCE**

**February 17, 2026**

**Geoff Paddock Chair**

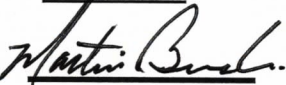

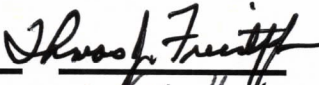


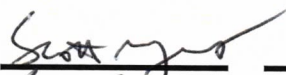
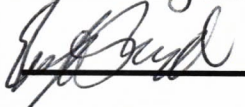
**Nathan Hartman Co-Chair**

**All Council Members**

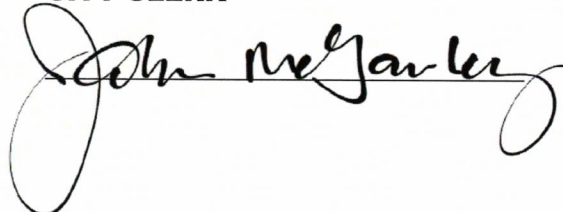
An Ordinance approving the awarding of ITB #8381812 - Neighborhood Code Compliance Weed Program – between Pierre Kerlegrand and Yard Jobs Inc. and the City of Fort Wayne, Indiana, by and through its Purchasing Department

*Involving a total cost of \$200,000.00*

**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>
<u>BENDER</u>			
<u>BOOKER</u>			
<u>CHAMBERS</u>			
<u>ENSLEY</u>			
<u>FREISTROFFER</u>			
<u>HARTMAN</u>			
<u>JEHL</u>			
<u>MYERS</u>			
<u>PADDOCK</u>			

**JOHN D. MCGAULEY  
CITY CLERK**



Public Hearing Date: N/A

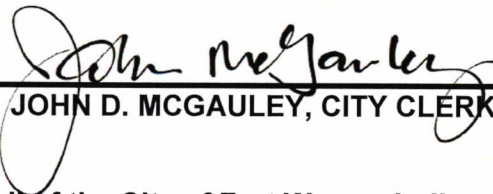
Read the first time in full and on motion by Councilperson Paddock.

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

Read the third time in full and on motion by Councilperson Paddock, 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

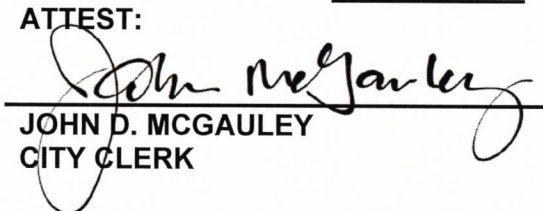
DATED: February 24, 2026

  
 \_\_\_\_\_  
 JOHN D. MCGAULEY, CITY CLERK

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

Special Ordinance No. S-26-02-01 on the 24th day of February, 2026

ATTEST:

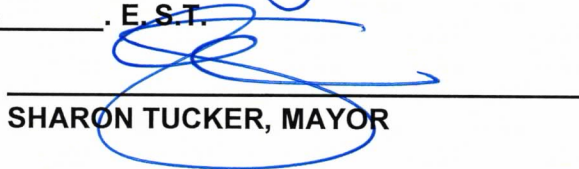
  
 \_\_\_\_\_  
 JOHN D. MCGAULEY  
 CITY CLERK

  
 \_\_\_\_\_  
 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 25th of February 2026, at the hour of 9:00 o'clock A.M. 25th E.S.T.

  
 \_\_\_\_\_  
 JOHN D. MCGAULEY, CITY CLERK

Approved and signed by me this 25th day of February 2026, at the hour of 1:52 o'clock P.M. E.S.T.

  
 \_\_\_\_\_  
 SHARON TUCKER, MAYOR

Fort Wayne Indiana  
 Office of the City Clerk  
 FEB 25 2026  
 RECEIVED

2:50 PM