

# Board of Public Works and Safety Agenda Item

# **Cover Sheet**

| MEETING DATE: March 11, 2025            |
|---|
| ⊠ Consent Agenda Item                   |
| ☐ New Item for Discussion               |
| ☐ Previously Discussed Item             |
| ☐ Miscellaneous                         |
|   |
| ITEM #: <u>10</u>                       |
| ITEM #: 10 INITIATED BY: Kristyn Parker |
|   |
| INITIATED BY: Kristyn Parker            |



TO: Mayor's Office

FROM: Kristyn Parker, Project Coordinator, Utilities

**SUBJECT:** Approval of Services Agreement with APG Neuros

DATE: March 11, 2025

Utilities is requesting approval of a services agreement with APG Neuros for an Extended Preventive Routine Maintenance Plan that will cover their blower equipment that we currently use at our WWTP.

We have chosen to select the three year service plan at a cost savings of \$1549 a year over the three years in lieu of one year contracts.

The Extended Preventive Routine Maintenance Plan covers the following:

- One (1) on-site maintenance and inspection visit by a manufacturer's Field Service Technician.
- Customized class room/hands-on training to WWTP staff
  - Also available through videoconference.
- Inspection and cleaning/replacement of air intake filters (inside turbo blower).
- Inspection and cleaning of dirt as well as debris in enclosure seal air leaks as required.
- Visual inspection of core.
- Core shaft torque measurement to assess condition.
- Bump start alignment of the core bearings.
- Audible and visual inspection of unit to determine health of connections, valves and gaskets.
- Ensure PLC and HMI software is operational and suitable for the blower control.
- Verification of blower protection from surge or adverse operating conditions.
- Review and analysis of PLC error history and provide recommendations.
- Verification of the PLC and HMI software version including the new protection or optimization, and update to latest standard, if applicable.
- Inspection for loose electrical and mechanical connections, tightening as required.
- Inspection of all electrical wiring for signs of overheating or wear.
- Verification of sensors functionality, replacement as required.



- Inspection of blower operation following factory specifications and adjustment of control parameters to adapt the operating environment.
- Inspection of paint and fasteners. Touch-up paint and fastener replacement as required. Up to areas the size of a quarter Dollar coin.
- For liquid cooled models:
  - Coolant system check and top up as required.
  - Perform coolant flush (every 3 years)
- Field service Report including a comprehensive check list for each blower.
- After-hours Remote Technical Support
  - o 24 hours a day, 365 days a year
  - o Response time within 4 hours
  - O Up to 25 hours of technical support
- Remote trouble shooting for operation issue and diagnostics of unit, where remote access is accessible and provided by customer.
- 10% discount on spare parts and air filters for 6 months

Thank you for your consideration.



#### SERVICES AGREEMENT

This Services Agreement (hereinafter referred to as "Agreement"), entered into by and between the **City of Noblesville, Indiana, a municipal corporation** (hereinafter referred to as "City") and **APGN, Inc.** (hereinafter referred to as "Contractor"), and its successors and assigns, is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

#### SECTION I. INTERPRETATION AND INTENT

- 1.1 The "Agreement", as referred to herein, shall mean this Agreement executed by City and Contractor, and shall include this Services Agreement and the **Exhibit A** attached hereto, and any written supplemental agreement or modification entered into between City and Contractor, in writing, after the date of this Agreement.
- 1.2 This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements, written or verbal, between City and Contractor. No statements, promises or agreements whatsoever, in writing or verbal, in conflict with the terms of the Agreement have been made by City or Contractor which in any way modify, vary, alter, enlarge or invalidate any of the provisions and obligations herein stated. This Agreement may be amended and modified only in writing signed by both City and Contractor.
- 1.3 In resolving conflicts, errors, discrepancies and disputes concerning the scope of the work or services to be performed by Contractor or other rights or obligations of City or Contractor the document or provision thereof expressing the greater quantity, quality or scope of service or imposing the greater obligation upon Contractor and affording the greater right or remedy to City, shall govern.
- 1.4 Any interpretation applied to this Agreement, by the parties hereto, by an arbitrator, court of law, or by any other third party, shall not be made against City solely by virtue of City or City's representatives having drafted all or any portion of this Agreement.
- 1.5 This Agreement shall include, and incorporate by reference, any provision, covenant or condition required or provided by law or by regulation of any state or federal regulatory or funding agency.

#### SECTION II. DUTIES OF CONTRACTOR

2.1 Contractor shall provide services as specified in **Exhibit A**, attached hereto and incorporated into this Agreement.

#### **SECTION III. TERM**

3.1 The term of this Agreement shall begin upon execution and terminate 12/30/27\_\_, ("Termination Date") unless terminated earlier in accordance with this Agreement.

#### SECTION IV. COMPENSATION

4.1 Contractor proposes to furnish all labor, materials and supplies in accordance with the conditions of this Agreement necessary to complete the work as defined in **Exhibit A.** Compensation shall not exceed (\$13,897.00).

#### SECTION V. GENERAL PROVISIONS

5.1 <u>Independent Contractor.</u> The parties agree that Contractor is an independent contractor as that term is commonly used and is not an employee of the City. As such, Contractor is solely responsible for all taxes and none shall be withheld from the sums paid to Contractor. Contractor acknowledges that it is not insured in any manner by City for any loss of any kind whatsoever. Contractor has no authority, express or implied, to bind or obligate City in any way.

#### 5.2 <u>Subcontracting.</u>

Approval required. The parties agree that Contractor shall not subcontract, assign or delegate any portion of this Agreement or the services to be performed hereunder without prior written approval of City. In the event that City approves of any such subcontracting, assignment or delegation, Contractor shall remain solely responsible for managing, directing and paying the person or persons to whom such responsibilities or obligations are sublet, assigned or delegated. City shall have no obligation whatsoever toward such persons. Contractor shall take sole responsibility for the quality and quantity of any services rendered by such persons. Any consent given in accordance with this provision shall not be construed to relieve Contractor of any responsibility for performing under this Agreement.

#### 5.3 <u>Necessary Documentation.</u> N/A

5.4 <u>Records; Audit.</u> Contractor shall maintain books, records, documents and other evidence directly pertinent to performance of services under this Agreement. Contractor shall make such materials available at its offices at all reasonable times during the Agreement period copies thereof, if requested, shall be furnished at no cost to City.

#### 5.5 Ownership.

- 5.5.1 "Works" means works of authorship fixed in any tangible medium of expression by Contractor or its officers, employees, agents or subcontractors in the course of performing the services under this Agreement, including, but not limited to, computer programs, electronic art, computer generated art, notes, specifications, drawings, flow charts, memoranda, correspondence, records, notebooks, documentation, reports and charts, regardless of the medium in which they are fixed, and all copies thereof. This excludes APGN's proprietary information/technology.
- 5.5.2 All Works made or created by Contractor, either solely or jointly with City, in the course of Contractor's performance of services under this Agreement shall be deemed to be works for hire and are and shall be the exclusive property of City. At City's request, Contractor will execute all documents reasonably required to confirm or perfect ownership of such Works and any corresponding copyright rights in and to such Works in City. Without the prior written consent of City, Contractor shall not use, copy or prepare derivative works of the Works, or any parts of them, other than as related to the performance of this Agreement. During

the performance of this Agreement, Contractor shall be responsible for loss or damage to the Works while they are in Contractor's possession or control. Any loss or damage shall be restored at Contractor's expense. City shall have free and unlimited access to the Works at all times and, upon demand, shall have the right to claim and take possession of the Works and all copies. Notwithstanding the foregoing, Contractor shall be entitled to retain a set of its work papers for archival purposes only, in accordance with applicable professional standards. This excludes APGN's proprietary information/technology.

#### 5.6 Insurance.

Minimum Insurance Requirements. Prior to commencing Work, the Contractor shall purchase and maintain from insurance companies lawfully authorized to do business in Indiana policies of insurance acceptable to the City, which afford the coverages set forth below. Insurance shall be written for not less than limits of liability specified or required by law, whichever coverage is greater, and shall include coverage for Contractor's indemnification obligations contained in this Agreement. Certificates of Insurance acceptable to the City shall be given to the City prior to commencement of the Work and thereafter upon renewal or replacement of each required policy of insurance. Each policy must be endorsed to provide that the policy will not be cancelled or allowed to expire until at least thirty (30) days' prior written notice has been given to the City; provided however that such policies may be cancelled with only ten (10) days' prior notice for non-payment of premium. The required coverages and limits which Contractor is required to obtain are as follows:

#### A. Commercial General Liability

Limits of Liability:

\$2,000,000 General Aggregate

\$2,000,000 Products & Completed Ops.

\$1,000,000 Bodily Injury / Prop. Damage

\$1,000,000 Personal / Advertising Injury

\$1,000,000 Each Occurrence

#### B. Auto Liability

Limits of Liability:

\$500,000 Per Accident

Coverage Details

All owned, non-owned, & hired vehicles

#### C. Workers Compensation and Employer's Liability

As required by Indiana law.

#### D. Professional/Errors & Omissions Liability -N/A

Limits of Liability

\$1,000,000 Each Occurrence

\$2,000,000 Aggregate

All coverage provided above shall be endorsed to include the City as an additional insured except for the Worker's Compensation / Employer's Liability and Professional/Errors & Omissions policy.

#### 5.7 Termination for Cause or Convenience.

- 5.7.1 If Contractor becomes insolvent, or if it refuses or fails to perform the work and services provided by this Agreement, or if it refuses to perform disputed work or services as directed pending resolution of such dispute, or if it fails to make payments to subcontractors employed by it, or if it otherwise violates or fails to perform any term, covenant or provision of this Agreement, then City may, without prejudice to any other right or remedy, terminate this Agreement in whole or in part, in writing, provided that Contractor shall be given (1) not less than ten (10) calendar days written notice of City's intent to terminate, and (2) an opportunity for consultation with City prior to termination. In determining the amount of final payment to be made to Contractor upon such termination for default, if any, no amount shall be allowed for anticipated profit on unperformed services or other work; furthermore, an adjustment shall be made to the extent of any additional costs incurred or reasonably foreseen by City to be incurred by reason of Contractor's default.
- 5.7.2 This Agreement may be terminated in whole or in part in writing by City for City's convenience; provided that Contractor is given (1) not less than ten (10) calendar days written notice of intent to terminate and (2) an opportunity for consultation with City prior to termination. If City terminates for convenience, Contractor's compensation shall be equitably adjusted.
- 5.7.3 Upon receipt of notice of termination for default or for City's convenience, Contractor shall (1) promptly discontinue all services affected, unless the termination notice directs otherwise, and (2) deliver or otherwise make available to City all Works and such other information, materials or documents as may have been accumulated by Contractor in performing this Agreement, whether completed or in process.
- 5.7.4 If, after termination for Contractor's default, it is determined that Contractor was not in default, the termination shall be deemed to have been made for the convenience of City. In such event, adjustment of the price provided for in this Agreement shall be made as provided in Section 5.7.1 and the recovery of such price adjustment shall be Contractor's sole remedy and recovery.
- 5.8 Termination for Failure of Funding. Notwithstanding any other provision of this Agreement, if funds for the continued fulfillment of this Agreement by City are at any time insufficient or not forthcoming through failure of any entity to appropriate funds or otherwise, then City shall have the right to terminate this Agreement without penalty by giving written notice documenting the lack of funding, in which instance this Agreement shall terminate and become null and void on the last day of the fiscal period for which appropriations were received. City agrees that it will make its best efforts to obtain sufficient funds, including but not limited to, requesting in its budget for each fiscal period during the term hereof sufficient funds to meet its obligations hereunder in full.

- 5.9 <u>Indemnification.</u> To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless the City and its board, agents and employees of any of them ("Indemnitees") from and against claims, damages, losses and expenses, including but not limited to attorneys' fees and court costs and other expenses, arising out of or resulting from any negligent acts, errors, or omissions of the Work. The Contractor's indemnification under this Section shall survive both final payment and the termination of this Agreement.
- 5.10 <u>Notice.</u> Any notice required to be sent under this Agreement shall be sent by internationally recognized overnight courier, certified mail, or other delivery method which provides confirmation of receipt and shall be directed to the persons and addresses specified below (or such other persons and/or addresses as any party may indicate by giving notice to the other party):

To Contractor:
APGN, Inc.
Attn: Robert Tenbuuren
1270 Michele-Bohec
Blainville, Quebec J7C 5S4

To City: Noblesville Utilities Attn: Jonathan Mirgeaux 197 S Washington St Noblesville, IN 46060

Courtesy Copy: City Attorney 16 S. 10<sup>th</sup> Street Noblesville, IN 46060

- 5.11 <u>Disputes.</u> Contractor shall carry on all work required under this Agreement and maintain the schedule for services during all disputes or disagreements with City. No work shall be delayed or postponed pending resolution of any disputes or disagreements except as Contractor and City may otherwise agree in writing. Should Contractor fail to continue to perform its responsibilities as regards all non-disputed work without delay, any additional costs incurred by City or Contractor as a result of such failure to proceed shall be borne by Contractor, and Contractor shall make no claim against the City for such costs. City may withhold payments on disputed items pending resolution of the dispute.
- Non-discrimination. The Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age or national origin. The Contractor will take affirmative action to ensure that applicants are employed without regard to their race, color, religion, sex, age or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- 5.13 Conflict of Interest.

- 5.13.1 Contractor certifies and warrants to City that neither it nor any of its officers, agents, employees, or subcontractors who will participate in the performance of any services required by this Agreement has or will have any conflict of interest, direct or indirect, with City.
- 5.13.2 For purposes of compliance with IC 36-1-21, Contractor certifies and warrants to City that Contractor, or a person who wholly or partially owns Contractor, is not a relative, as that term is defined by IC 36-1-21-3, of an elected official of Noblesville, Indiana.
- Non-contingent Fees. Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees. For breach or violation of this warranty City shall have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.
- 5.15 Force Majeure. In the event that either party is unable to perform any of its obligations under this Agreement or to enjoy any of its benefits because of fire, explosion, power blackout, natural disaster, strike, embargo, labor disputes, war, terrorism, acts of God, acts or decrees of governmental bodies or other causes beyond such party's reasonable control (hereinafter referred to as Force Majeure Event), the party who has been so affected shall immediately give notice to the other and shall take commercially reasonable actions to resume performance. Upon receipt of such notice, all obligations under this Agreement shall immediately be suspended except for payment obligations with respect to service already provided. If the period of nonperformance exceeds sixty (60) days from the receipt of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Agreement.

#### 5.16 Applicable Laws; Forum.

- 5.16.1 Contractor agrees to comply with all applicable federal, state and local laws, rules, regulations or ordinances, and all provisions required thereby to be included in this Agreement are hereby incorporated by reference. This includes, but is not limited to, the Federal Civil Rights Act of 1964 and, if applicable, the Drug-Free Workplace Act of 1988. The enactment of any state or federal statute or the promulgation of regulations thereunder after execution of this Agreement shall be reviewed by City and Contractor to determine whether the provisions of the Agreement require formal modification.
- 5.16.2 This Agreement shall be construed in accordance with the laws of the State of Indiana, and by all applicable Municipal Ordinance or Codes of the City of Noblesville, County of Hamilton. Suit, if any, shall be brought in the State of Indiana, County of Hamilton.
- 5.17 <u>Waiver.</u> City's delay or inaction in pursuing its remedies set forth in this Agreement, or available by law, shall not operate as a waiver of any of City's rights or remedies.

- 5.18 Severability. If any provision of this Agreement is held to be invalid, illegal, or unenforceable by a court of competent jurisdiction, the provision shall be stricken, and all other provisions of this Agreement which can operate independently of such stricken provisions shall continue in full force and effect.
- 5.19 <u>Attorneys' Fees.</u> Contractor shall be liable to City for reasonable attorneys' fees incurred by City in connection with the collection or attempt to collect, any damages arising from the negligent or wrongful act or omission of Contractor, or from Contractor's failure to fulfill any provisions or responsibility provided herein.
- 5.20 Successors and Assigns. City and Contractor each binds itself and its partners, successors, executors, administrators and assigns to the other party of this Agreement and to the partners, successors, executors, administrators and assigns of such other party, in respect to all covenants of this Agreement; except as otherwise provided herein, Contractor shall not assign, sublet or transfer its interest in this Agreement without the written consent of City. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of City or the Contractor.
- 5.21 <u>Authority to Bind Contractor.</u> Notwithstanding anything in this Agreement to the contrary, the signatory for Contractor represents that he/she has been duly authorized to execute agreements on behalf of Contractor and has obtained all necessary or applicable approval from the home office of Contractor to make this Agreement fully binding upon Contractor when his/her signature is affixed and accepted by City.

#### 5.22 <u>Debarment and Suspension</u>

- 5.22.1 Contractor certifies, by entering into this Agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from or ineligible for participation in any Federal assistance program by any Federal department or agency, or by any department, agency or political subdivision of the State of Indiana. The term "principal" for purposes of this Agreement means an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of Contractor.
- 5.22.2 Contractor certifies, by entering into this Agreement, that it does not engage in investment activities in Iran as more particularly described in IC 5-22-16.5.
- 5.22.3 Contractor shall provide immediate written notice to City if, at any time after entering into this Agreement, Contractor learns that its certifications were erroneous when submitted, or Contractor is debarred, suspended, proposed for debarment, declared ineligible, has been included on a list or received notice of intent to include on a list created pursuant to IC 5-22-16.5, voluntarily excluded from or becomes ineligible for participation in any Federal assistance program. Any such event shall be cause for termination of this Agreement as provided herein.

- 5.22.4 Contractor shall not subcontract with any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in any Federal assistance programs by any Federal department or agency, or by any department, agency or political subdivision of the State of Indiana.
- 5.23 <u>Compliance With E-Verify Program.</u> Pursuant to IC 22-5-1.7, Contractor shall enroll in and verify the work eligibility status of all newly hired employees of Contractor through the E-Verify Program ("Program"). Contractor is not required to verify the work eligibility status of all newly hired employees through the Program if the Program no longer exists.
  - 5.23.1 Contractor and its subcontractors shall not knowingly employ or contract with an unauthorized alien or retain an employee or contract with a person that Contractor or its subcontractor subsequently learns is an unauthorized alien. If Contractor violates this Section 5.23, City shall require Contractor to remedy the violation not later than thirty (30) days after City notifies Contractor. If Contractor fails to remedy the violation within the thirty (30) day period, City shall terminate the contract for breach of contract. If City terminates the contract, Contractor shall, in addition to any other contractual remedies, be liable to City for actual damages. There is a rebuttable presumption that Contractor did not knowingly employ an unauthorized alien if Contractor verified the work eligibility status of the employee through the Program.
  - 5.23.2 If Contractor employs or contracts with an unauthorized alien but City determines that terminating the contract would be detrimental to the public interest or public property, City may allow the contract to remain in effect until City procures a new contractor.
  - 5.23.3 Contractor shall, prior to performing any work, require each subcontractor to certify to Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and has enrolled in the Program. Contractor shall maintain on file a certification from each subcontractor throughout the duration of the Project. If Contractor determines that a subcontractor is in violation of this Section 5.23, Contractor may terminate its contract with the subcontractor for such violation.
  - 5.23.4 Pursuant to IC 22-5-1.7 a fully executed affidavit affirming that the business entity does not knowingly employ an unauthorized alien and confirming Contractors enrollment in the Program, unless the Program no longer exists, shall be filed with City prior to the execution of this Agreement. This Agreement shall not be deemed fully executed until such affidavit is filed with the City.

| IN WITNESS WHEREOF, the parties hereto have executed this | Agreement on the dates subscribed |
|---|-----------------------------------|
| below.  |                                   |
| APGN INC ("Contractor") dba                               | APEN-Neuros.                      |
| By: Char Hannecel   | Date: 02-24-25                    |
| Printed: OMAR HAMMOUD                                     |                                   |
| Title:  |                                   |
|   |                                   |
| City of Noblesville                                       |                                   |
| By:   | Date: 03/05/2025                  |
| Printed: Chris Jensen                                     |                                   |
| Title: Mayor  |                                   |

#### E-Verify Affidavit

Pursuant to Indiana Code 22-5-1.7-11, the Contractor entering into a contract with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees 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.

| (Contractor): APGN INC, Aba, APG-Neuros                           |
|---|
| By (Written Signature):   May Hennicold                           |
| (Printed Name): OMAR HAMMOUD                                      |
| (Title):  |
| Important - Notary Signature and Seal Required in the Space Below |
| STATE OF SS:  |
| Subscribed and sworn to before me this 24 day of Feb, 2025.       |
| My commission expires: SeP11 2027 (Signed) Yehya Hamaoci,         |
| a. Residing in Mirabel County, State of Ovebec                    |
| Comm # 223373   |

### **EXHIBIT A**



February 6, 2025

#### **Gene Stafford**

Noblesville, IN 197 West Washington Street. Noblesville, IN, United States, 46060

Phone: 317-432-8248

Email: gstafford@noblesville.in.us

Reference: 17-0022- Noblesville, IN/ AM-2025-4305

Subject: Proposal for an Extended Preventive Routine Maintenance (EPRM) Plan

Equipment covered: 3 x NX300S-C100 turbo blowers

Dear Mr.Stafford

We are pleased to provide you with our proposal for the Extended Preventive Routine Maintenance for our products in your Wastewater Treatment Plant.

The Extended Preventive Routine Maintenance (EPRM) Plan is designed in accordance to the standards of the annual health check and inspection outlined in the O&M manual to prevent any unnecessary down time, and any emergency service calls. This concept of preventive maintenance supports our philosophy of on-condition maintenance that eliminates down time and extends the life of the product.

#### Our plan includes:

- One (1) on-site maintenance and inspection visit by a manufacturer's Field Service Technician.
- Customized class room/hands-on training to your staff's needs.
  - Also available through videoconference.
- Inspection and cleaning or replacement of air intake filters (inside the turbo blower).
- Inspection and cleaning of dirt as well as debris in enclosure seal air leaks as required.
- Visual inspection of core.
- Core shaft torque measurement to assess condition.
- Bump start alignment of the core bearings.
- Audible and visual inspection of unit to determine health of connections, valves and gaskets.
- Ensure PLC and HMI software is operational and suitable for the blower control.
- Verification of blower protection from surge or adverse operating conditions.
- Review and analysis of PLC error history, and provide recommendations.
- Verification of the PLC and HMI software version including the new protection or optimization, and update to latest standard, if applicable.
- Inspection for loose electrical and mechanical connections, tightening as required.
- Inspection of all electrical wiring for signs of overheating or wear.
- Verification of sensors functionality, replacement as requirement.
- Inspection of blower operation following factory specifications and adjustment of control parameters to adapt to the operating environment.
- Inspection of paint and fasteners. Touch-up paint and fastener replacement as required. Up to areas the size of a quarter Dollar coin.



- For liquid cooled models only
  - Coolant system check and top up as required.
  - Perform coolant flush (every 3 years)
    - Customer to dispose the old fluid.
- Field service report including a comprehensive check list for each blower.

#### Additionally, this plan includes:

- After-Hours Remote Technical Support (by telephone), as required.
  - o 24 hour a day 365 days a year customer service support line by calling at 1-855-423-2746.
  - o Response time within 4 hours.
  - Up to 25 hours of technical support.
- Remote trouble shooting for operation issue and diagnostics of unit, where remote access is available and provided by customer.
- 10% discount on spare parts and air filters for 6 months from PO reception for this EPRM offer.

#### **Price:**

- One-year option: One (1) EPRM.
  - US \$15,446.00 + taxes
- Three-year option: One (1) EPRM per year for three (3) years.
  - US \$13,897.00 + taxes per EPRM.
- **Five-year option:** : One (1) EPRM per year for five (5) years.
  - US \$13,128.00+ taxes per EPRM.

The above price includes the Field Service technician's travel expenses. It excludes the cost of replacement parts.

Proposal valid until March 7th 2025

We look forward to your consideration of our offer.

Sincerely,

#### **Robert Tenbuuren**

Life Cycle Regional Manager
P 1-877-717-4150 ext. 2202
E rtenbuuren@apg-neuros.com



February 6, 2025

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Noblesville, IN 197 West Washington Street. Noblesville, IN, United States, 46060

Phone: 317-432-8248

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We look forward to your consideration of our offer.

Sincerely,

#### **Robert Tenbuuren**

Life Cycle Regional Manager
P 1-877-717-4150 ext. 2202
E rtenbuuren@apg-neuros.com



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/25/2025

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:   | CONTACT<br>NAME:           | Nathalie Prince                       |                       |       |  |  |
|---|----------------------------|---------------------------------------|-----------------------|-------|--|--|
| BFL Canada Risk and Insurance Services Inc.               | PHONE<br>(A/C, No, Ext):   | 1-438-469-4571                        | 71 FAX (A/C, No): 1-5 |       |  |  |
| Financial Services Firm 2001 McGill College Avenue, #2200 | E-MAIL<br>ADDRESS:         | nprince@bflcanada.ca                  |                       |       |  |  |
| Montreal (Québec) H3A 1G1                                 | PRODUCER<br>CUSTOMER ID #: |                                       |                       |       |  |  |
|   |                            | INSURER(S) AFFORDING COVERAGE         |                       | NAIC# |  |  |
| INSURED   | INSURER A:                 | Liberty Mutual Insurance Company      |                       |       |  |  |
| APGN Inc.   | INSURER B:                 | Liberty Mutual Insurance Company      |                       |       |  |  |
| 1270, boul. Michèle-Bohec                                 | INSURER C:                 | Lloyd's through Howden Insurance Brok | ers Limited           |       |  |  |
| Blainville (Québec) J7C 5S4                               | INSURER D:                 |                                       |                       |       |  |  |
| Canada  | INSURER E:                 |                                       |                       |       |  |  |
|   | INSURER F:                 |                                       |                       |       |  |  |

**COVERAGES** 

CERTIFICATE NUMBER 2024-154 Ren. 2023-24: 2023-154

**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 BOLICIES. HIMTS SHOWN MAY HAVE BEEN BEDLICED BY BALD CLAIMS.

| INSR<br>LTR  | .525   | TYPE OF IN   |         |                    | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER               | POLICY EFFECTIVE<br>(MM/DD/YYYY) | POLICY EXPIRATION (MM/DD/YYYY) | LIMITS                                      |                              |
|--|--|--|---------|--------------------|--------------|-------------|-----------------------------|----------------------------------|--------------------------------|---|------------------------------|
|  | $\boxtimes$  | COMMERCIAL GEI   | NERAL   | LIABILITY          | ×            |             | TB1-B71-171206-014<br>(USD) | 05/15/2024                       | 05/15/2025                     | EACH OCCURRENCE                             | \$2,000,000                  |
|  |  | CLAIMS MADE  |         | OCCUR              |              |             |                             |                                  |                                | DAMAGE TO RENTED PREMISES (Each occurrence) | \$2,000,000                  |
| Α  |  | NON-OWNED AUT  | os      |                    |              |             |                             |                                  |                                | MED EXP (Any one person)                    | \$25,000                     |
|  |  |  |         |                    |              |             |                             |                                  |                                | PERSONAL & ADV INJURY                       | \$2,000,000                  |
|  | GEN  | I'L AGGREGATE LIMI   | IT APPL | IES PER:           |              |             |                             |                                  |                                | GENERAL AGGREGATE                           | \$10,000,000                 |
|  |  | POLICY PR  | OJECT   | Loc                |              |             |                             |                                  |                                | PRODUCTS - COMP/OP AGG                      | \$2,000,000                  |
|  | AUT  | OMOBILE LIABILITY  | ,       |                    |              |             |                             |                                  |                                | COMBINED SINGLE LIMIT<br>(Each accident)    | \$2,000,000                  |
|  |  | ANY AUTO   |         | 1                  |              |             |                             | 05/15/2024                       |                                | BODILY INJURY (Per person)                  | xxxx                         |
| В  |  | ALL OWNED<br>AUTOS   |         | SCHEDULED<br>AUTOS |              |             | 1000243227-08               |                                  | 05/15/2024                     | 05/15/2025                                  | BODILY INJURY (Per accident) |
|  | х  | HIRED AUTOS  | x       | NON-OWNED<br>AUTOS |              |             | (CAD)                       |                                  |                                | PROPERTY DAMAGE (Per accident)              | xxxx                         |
|  |  |  |         |                    |              |             |                             |                                  |                                |   |                              |
|  |  | UMBRELLA<br>LIABILITY  |         | OCCUR              |              |             |                             |                                  |                                | EACH OCCURRENCE                             |                              |
|  |  | EXCESS LIAB  |         | CLAIMS-MADE        |              |             |                             |                                  |                                | AGGREGATE                                   |                              |
|  |  | DED  |         | RETENTION \$       |              |             |                             |                                  |                                |   |                              |
|  | AND  | KERS COMPENSATION CONTROL CONT | TY      |                    |              |             |                             |                                  | N/A                            | PER STATUTE OTHER                           |                              |
|  | OFFIC  | PROPRIETOR/PARTN<br>CE/MEMBER EXCLUD   |         | ECUTIVE Y/N        | N/A          |             | N/A                         | N/A                              |                                | E.L. EACH ACCIDENT                          | XXXX                         |
|  | If yes,  | latory in NH)<br>describe under<br>RIPTION OF OPERAT   | TIONS I |                    |              |             |                             |                                  |                                | E.L. DISEASE - EA EMPLOYEE                  | XXXX                         |
| С  |  |  |         | elow               |              |             | B0180FN2415018              |                                  |                                | E.L. DISEASE - POLICY LIMIT                 | XXXX                         |
|  |  | ofessional Liab  | -       |                    |              | ╽╙╽         |                             | 12/21/2024                       | 12/21/2025                     | EACH CLAIM:                                 | \$2,000,000                  |
|  | Cla  | ims made poli  | су      |                    |              |             | (USD)                       |                                  |                                | AGGREGATE:                                  | \$2,000,000                  |
|  |  |  |         |                    |              |             |                             |                                  |                                |   |                              |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Certificate of insurance 2024-154  Manufacturer, Sales & Aftermarket support for high efficiency turbo blowers. |  |  |         |                    |              |             |                             |                                  |                                |   |                              |
|  |  | CATE HOLDER  |         |                    |              |             | ,                           | CANCELLA                         | TION                           |   |                              |
|  | Should the above-noted Insurance be cancelled before the expiry date |  |         |                    |              |             |                             |                                  |                                |   |                              |

| GERTII 1674 TE TIGEBER                           | CARTOLLEATION  |
|--|--|
| City of Noblesville, Utilities 197 Washington St | Should the above-noted Insurance be cancelled before the expiry date shown, the insurer will endeavor to provide a 30-day written notice to the certificate holder but assumes no responsibility for failure to do so. |
| Noblesville, IN 46060                            | AUTHORIZED REPRESENTATIVE  |
|  | Jemes  |

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

#### NAME OF INSURED: APGN Inc.

Attached to and forming part of certificate of insurance 2024-154

Project name: Noblesville, IN

City of Noblesville, Utilities is added as Additional Insureds on the General Liability policy but only with respect to liability arising out of the operations of the Named Insured as it relates to the activity to which this certificate applies.

POLICY NUMBER: TB1-B71-171206-014

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

#### **SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s)   | Location(s) Of Covered Operations  |  |  |  |  |
|---|--|--|--|--|--|
| All entities where required by contact with the insured and to whom a certificate of insurance has been issued. | All locations as required by a written contract or agreement entered into prior to an "occurrence" or offense. |  |  |  |  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations.          |  |  |  |  |  |

#### POLICY NUMBER: TB1-B71-171206-014

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s)  | Location And Description Of Completed Operations |
|--|--|
| All entities where required by contract with the Insured and to whom a certificate of insurance has been issued.   |  |
|  |  |
|  |  |
| Information required to complete this Schedule, if not should be s | own above, will be shown in the Declarations.    |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.





### **CERTIFICATE OF LIABILITY INSURANCE**

**ADEMBOSKI** 

DATE (MM/DD/YYYY) 1/27/2025

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.

|   | SUBROGATION IS WAIVED, subjection is certificate does not confer rights t   |                    |       |  | ich end                       | orsement(s)  |                  | require an endo                      | orsemen     | t. As | tatement on |
|---|---|--------------------|-------|--|-------------------------------|--|------------------|--------------------------------------|-------------|-------|-------------|
| PRODUCER  |   |                    |       |  |                               | CONTACT<br>NAME:   |                  |                                      |             |       |             |
| Associates of Glens Falls, Inc.<br>518-793-3444 |   |                    |       |  |                               | PHONE (A/C, No, Ext): (518) 793-3444 FAX (A/C, No): (518) 793-1580 |                  |                                      |             |       |             |
| 228<br>Glei                                     | Glen Street, PO Box 190<br>ns Falls, NY 12801                               | E-MAIL<br>ADDRESS: |       |  |                               |  |                  | T                                    |             |       |             |
| 0.0   | 101 4110, 141 12001   |                    |       |  | INSURER(S) AFFORDING COVERAGE |  |                  |                                      |             |       | NAIC#       |
| INSURED   |   |                    |       |  |                               | INSURER A : Memic Indemnity Company 11030                          |                  |                                      |             |       |             |
| INSU  |   |                    |       |  | INSURER B: INSURER C:         |  |                  |                                      |             |       |             |
|   | APG NEUROS CORP<br>160 Banker Rd  |                    |       |  |                               |  |                  |                                      |             |       |             |
|   | Plattsburgh, NY 12901   |                    |       |  | INSURE                        |  |                  |                                      |             |       |             |
|   |   |                    |       |  | INSURER E : INSURER F :       |  |                  |                                      |             |       |             |
|   | VEDAGES CED   | TIEI               | CATE  | E NIIMDED:                               | INSURE                        | KF:  |                  | DEVISION NUM                         | IDED:       |       |             |
|   | VERAGES CER<br>HIS IS TO CERTIFY THAT THE POLICII                           |                    |       | <b>ENUMBER:</b><br>SURANCE LISTED BELOWI | HAVE B                        | EEN ISSUED T   | TO THE INSU      | REVISION NUN<br>RED NAMED ABON       |             | HE PO | LICY PERIOD |
|   | DICATED. NOTWITHSTANDING ANY F  |                    |       |  |                               |  |                  |                                      |             |       |             |
|   | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH            |                    |       |  |                               |  |                  |                                      | DBJECT I    | O ALL | THE TERMS,  |
| INSR<br>LTR                                     | TYPE OF INSURANCE   | ADDL               | SUBR  | POLICY NUMBER                            |                               | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP       |                                      | LIMIT       | s     |             |
|   | COMMERCIAL GENERAL LIABILITY  |                    |       |  |                               | ,,,,,,   | ,,,,,,           | EACH OCCURRENC                       |             | \$    |             |
|   | CLAIMS-MADE OCCUR   |                    |       |  |                               |  |                  | DAMAGE TO RENTE<br>PREMISES (Ea occu |             | \$    |             |
|   |   |                    |       |  |                               |  |                  | MED EXP (Any one p                   |             | \$    |             |
|   |   |                    |       |  |                               |  |                  | PERSONAL & ADV I                     | NJURY       | \$    |             |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |                    |       |  |                               |  |                  | GENERAL AGGREG                       | ATE         | \$    |             |
|   | POLICY PRO- LOC   |                    |       |  |                               |  |                  | PRODUCTS - COMP                      | OP AGG      | \$    |             |
|   | OTHER:  |                    |       |  |                               |  |                  |                                      |             | \$    |             |
|   | AUTOMOBILE LIABILITY  |                    |       |  |                               |  |                  | COMBINED SINGLE (Ea accident)        | LIMIT       | \$    |             |
|   | ANY AUTO  |                    |       |  |                               |  |                  | BODILY INJURY (Pe                    | r person)   | \$    |             |
|   | OWNED AUTOS ONLY SCHEDULED AUTOS  |                    |       |  |                               |  |                  | BODILY INJURY (Pe                    | r accident) | \$    |             |
|   | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY                                       |                    |       |  |                               |  |                  | PROPERTY DAMAG<br>(Per accident)     | 'E          | \$    |             |
|   |   |                    |       |  |                               |  |                  |                                      |             | \$    |             |
|   | UMBRELLA LIAB OCCUR   |                    |       |  |                               |  |                  | EACH OCCURRENC                       | E           | \$    |             |
|   | EXCESS LIAB CLAIMS-MADE   |                    |       |  |                               |  |                  | AGGREGATE                            |             | \$    |             |
| Α   | DED RETENTION \$  |                    |       |  |                               |  |                  | PFR                                  | OTH-        | \$    |             |
| ^   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y/N                        |                    |       | 3102810311                               |                               | 2/8/2025   | 2/8/2026         | PER<br>STATUTE                       | OTH-<br>ER  |       | 1,000,000   |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A                |       | 0102010011                               |                               | 2/0/2020   | 2/0/2020         | E.L. EACH ACCIDEN                    |             | \$    | 1,000,000   |
|   | If yes, describe under  |                    |       |  |                               |  |                  | E.L. DISEASE - EA E                  |             |       | 1,000,000   |
|   | DÉSCRIPTION OF OPERATIONS below   |                    |       |  |                               |  |                  | E.L. DISEASE - POL                   | ICY LIMIT   | \$    | -,,,,,,,,   |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC                                  | LES (              | ACORI | D 101. Additional Remarks Schedu         | ile. mav b                    | e attached if more   | e space is requi | red)                                 | l           |       |             |
|   |   | (                  |       | ,  | .,                            |  |                  | ,                                    |             |       |             |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               |  |                  |                                      |             |       |             |
| CE  | RTIFICATE HOLDER  |                    |       |  | CANC                          | ELLATION   |                  |                                      |             |       |             |
|   |   |                    |       |  | _                             | =  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               |  |                  | ESCRIBED POLICI IEREOF, NOTICE       |             |       |             |
|   | City of Noblesville, Utilities<br>197 Washington St                         |                    |       |  |                               |  |                  | Y PROVISIONS.                        |             |       |             |
|   | Noblesville, IN 46060   |                    |       |  |                               |  |                  |                                      |             |       |             |
|   |   |                    |       |  |                               | RIZED REPRESEI   | NTATIVE          |                                      |             |       |             |
|   |   |                    |       |  |                               | 1 hunge  |                  |                                      |             |       |             |

# **PURCHASE ORDER** CITY OF NOBLESVILLE

16 SOUTH 10TH STREET STE 270

Form 98 (Rev. 1998)

PAGE: 1

INDIANA RETAIL TAX EXEMPT CERTIFICATE NO. 0031216070010

TO

FEDERAL EXCISE TAX EXEMPT 356001141

**NOBLESVILLE IN 46060** PHONE: 317-776-6328 FAX: 317-776-6369

**PURCHASE ORDER NO. 250117** 

THIS NUMBER MUST APPEAR ON INVOICES, A/P VOUCHER, DELIVERY MEMO, PACKING SLIPS, SHIPPING LABELS AND ANY CORRESPONDENCE.

SHIP TO:

**VENDOR #7249 APGN INC** 1270 MICHELE-BOHEC **BLAINVILLE QC J7C 5S4 QC** 

ATTN:

DEPARTMENT DATE SHIP TO ARRIVE BY 02/28/2025 UTIL/PLANT 034 APPROPRIATION QUANTITY UNIT DESCRIPTION PROJECT# **UNIT PRICE** AMOUNT NUMBER 300034310,100 1.0 **EXTENDED PREVENTIVE ROUTINE MAINT PLAN** 13897.00 13897.00

SHIP VIA TOTAL 13897.00

#### SHIPPING INSTRUCTIONS

- \* SHIP PREPAID
- \* C.O.D. SHIPMENTS CANNOT BE ACCEPTED
- \* PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPPING LABELS.
- \* THIS ORDER ISSUED IN COMPLIANCE WITH CHAPTER 99, ACTS 1945 AND ACTS AMENDATORY THEREOF AND SUPPLEMENTAL THERETO.

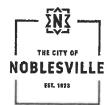
- \* A/P VOUCHER CANNOT BE APPROVED FOR PAYMENT UNLESS THE P.O. NUMBER IS MADE A PART OF THE VOUCHER AND EVERY INVOICE AND VOUCHER HAS THE PROPER SWORN AFFIDAVIT ATTACHED.
- \* I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER.

T. Spalle

ORDERED BY

TITLE

CONTROLLER



## **FINANCE & ACCOUNTING**

# Funding Verification/Encumbrance Request Form

| Date to be submitted to BoW/Park Board: 3-11-25  |                | (put N/A if not subn          | nitting to BoW/Park Board)     |  |  |  |  |
|--|----------------|-------------------------------|--------------------------------|--|--|--|--|
| Vendor name: APGN Inc. 7249  |                |                               |                                |  |  |  |  |
| Vendor Address: 1270, Michele-Bohec, Blainville, Quebec J7C 5S4  |                |                               |                                |  |  |  |  |
| Brief description of purchase: Extended Prevent  | tive I         | Routine Maintena              | nce Plan                       |  |  |  |  |
| Source of Funding:   | Fun            | d#<br>artment#                | 300                            |  |  |  |  |
| <u>Current</u> Year Operational Budget   |                | ect # (NA if no project #)    | 034<br>NA                      |  |  |  |  |
| Subsequent Year Operational Budget¹ Funding not yet finalized (attach explanation)²  |                | Expense Object #              | Amount                         |  |  |  |  |
| Loan or debt proceeds  Non-Appropriated Fund <sup>3</sup>  | #1<br>#2<br>#3 | 310.100                       | \$ 13,897.00                   |  |  |  |  |
| <ul> <li>2) This option may only be selected in <u>unusual</u> circumstances. An additional FVF will need to be submitted to OFA once funding source has been determined. OFA will not create a PO until this follow-up form has been submitted.</li> <li>3) These funds are not appropriated through the annual budget process. They include but are not limited to grant funds and impact fee funds.</li> <li>Are you requesting that a Purchase Order (PO) be created for this expenditure?</li> <li>Yes Select for all purchases/contracts that will <u>not</u> be paid immediately</li> <li>No Select <u>ONLY</u> if department plans to initiate payment immediately</li> </ul> Additional Comments: |                |                               |                                |  |  |  |  |
| The Department certifies that sufficient appropriation author expense for future payment.  Department Director   | rity exi       | sts in the stated fund and e  | expense series to obligate the |  |  |  |  |
| pratte Margar  | J              | onathan Mirgeau               | x 2-28-25                      |  |  |  |  |
| (Signature) Please email completed form to OFAbudget@noblesville.in.go   | •              | Printed Name)                 | (Date)                         |  |  |  |  |
| FOR OFFICE OF FINANCE AND ACCOUNTING USE ONLY  |                |                               |                                |  |  |  |  |
| OFA Action Taken  Purchase Order Created   |                |                               |                                |  |  |  |  |
| Reviewed Availability of funds (Contract/Purchase  OFA Signature  No Action Taken (Department should still include the   | r              | \$50k or paid with debt proce |                                |  |  |  |  |