

RFQ Response

Minooka Community High School District 111 Central Campus Auditorium HVAC Bid



Prepared by:

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Senior Account Executive

Helm Group helmgroupp.com connect@helmgroupp.com 800-747-1955



People building value.

2283 Business US 20 East
PO Box 750
Freeport, IL 61032

Table of Contents

Executive Summary

Experience

- Financial Information
- Safety Information
- Technical Experience

Cost and Proposal Form

References

Tel: 815.235.0990
Fax: 815.235.9590

maindesk@helmgroupp.com
helmgroupp.com



Helm Service
Freeport, IL

Company information:

Based in Northern Illinois, Helm opened its doors in 1946 and provides construction services in the mechanical, plumbing, electrical, technology, structural, and civil markets in the Midwestern United States and beyond. Helm's mechanical division consistently ranks as one of the top 50 mechanical construction firms in the United States and was recently recognized by PM Magazine as 2020 Contractor of the Year and ENR Midwest Magazine's 2022 Top Specialty Contractor.

Our company self-performs over 2,000,000 work hours annually with a combined workforce of over 1,400 employees, which includes over 360 technicians dedicated to Building Services & Maintenance. We have 3 chiller technicians within the area. We provide service, construction, and engineering services for clients across Northern Illinois and the United States and have office locations in Freeport, IL; Rockford, IL; Aurora, IL; Westmont, IL; Peoria, IL; Champaign, IL; Muskego, WI; Lenexa, KS; Omaha, NE. In addition, we have piping fabrication shops in Rockford, IL, and Bridgeview IL, and a sheet metal fabrication shop in Rockford IL. With over 160,000 square-feet of floor space, we fabricate for both our own fieldwork and outside customers. In this area, we service over 200 customers in the educational, industrial, manufacturing, and healthcare industries.

Over the past (3) years we have experienced double-digit growth in revenue in all factors of our business.

Helm maintains a line of credit of \$60 Million and our Bonding capacity well exceeds the requirements of this solicitation. This year our service group will eclipse \$80 million in revenue with the entire Helm group portfolio surpassing \$500 million.

On an HVAC project, where Helm would be the Prime contractor, you can expect that Helm will self-perform 80-100% of the project. We typically subcontract concrete, crane services, insulation, fire protection, testing and balancing, painting, and general/carpentry trades, as needed. Helm has partnerships with multiple subcontractors that in some cases have lasted for decades. With the volume of work that Helm produces across Northern Illinois, there is always a sub that wants to work on our job. Helm is also invested heavily in technology and finding the most efficient ways to build jobs better and more efficiently. We mentor our subs and encourage them to adapt technologically along with us and since complacency is a word we don't take lightly; we are always on the lookout for subcontractors that differentiate themselves by bringing value to the team or project in some means or method. Helm hires subcontractors that adhere to the same values and standards as we do. Should a subcontractor not be meeting its expectations on a project, Helm has a bench of preferred vendors to select from if need be.

Helm will only use experienced, qualified subcontractors. To ensure the quality of subcontracted work, we:

Require our subcontractors to submit and tailor their processes specific to the project to ensure quality performance.

Ensure that subcontractors understand the work they are to perform, and the quality standards associated with that work.

Daily communication and documentation with all subcontractor partners.

Include subcontracted tasks in our inspection schedule – subcontracted tasks are inspected at the same frequency as our own tasks and are incorporated within our Program.



Our technicians are EPA-certified, have backflow testing certifications, have the latest technical training available, and have the up-to-date safety training and procedures put forth by our training department. Our written safety program will be located on the following pages. EPA and technical certifications will also be included in this documentation. We have 20 LEED certified personnell on staff.

Helm uses Perfectware software and we are actively transitioning to the BuildOps platform. This allows Helm to send detailed maintenance reports, service tickets, and customer surveys.

We understand the importance of being able to provide quality service and craftsmanship in a timely manner 24/7/365. Our people are what makes the difference in our company, our standards and mindset of total customer satisfaction is a well-developed culture within our company.

The dispatch centers are staffed Monday – Friday from 7 am – 3:30 pm and after hours, weekends, and holidays, the calls are routed to a call center with live representatives. Helms dispatch centers allow for a 0-4 hour emergency response within the locations and regions we support. Our GPS offers our dispatchers the ability to send the closest available tech to the emergency.

Helm standard is a 1-year warranty on all workmanship and material.

Financial Information

Helm Mechanical is a business unit within the Helm Group. Detailed financial information can be reviewed in the Appendix.

The following information is current:

- The Helm Group has no current disputes.
- Current Backlog across all business units is \$920M.

SEE APPENDIX

See appendix for additional information including

- Helm letter pertaining to Helm Annual Revenue
- Bonding Capacity Letter dated June 25th, 2024 - Zurich

Cost of Services

In-House Services

The Helm Group provides professional services for Building Design for Mechanical/Electrical/Plumbing systems, Project Management, Commissioning out of the Westmont & Freeport, Illinois Offices.

Trade and Craft Labor

The Helm Group provides direct Union Labor for Mechanical Piping, Sheet Metal, Plumbing and Electrical work. Helm has Union agreements in place with all local jurisdictions for the Argonne National Laboratory located in Lemont, IL. Union craft labor in the area currently employed by Helm is 350+ workers.

Labor Burden Clarification

All labor rates are fully marked up including Overhead, Profit, and Labor Burden. Helm labor burden includes: Insurance, Vehicles & Fuel, Consumables, Small Tools, Technology, & Safety Expense.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cottingham & Butler Matt Murray 800 Main St. Dubuque IA 52001	CONTACT NAME: PHONE (A/C, No, Ext): 563-587-5000 E-MAIL ADDRESS:	FAX (A/C, No): 563-583-7339
INSURED Mechanical Inc. dba Helm Mechanical/Helm Service 10901 I Street Omaha NE 68137	INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Property Casualty Company of America INSURER B : The Travelers Indemnity Company of Connecticut INSURER C : Lloyd's INSURER D : INSURER E : INSURER F :	NAIC # 25674 25682 85202

COVERAGES

CERTIFICATE NUMBER: 1017846753

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☒ PRO-JECT ☐ LOC OTHER:			VTJEXGL - 132J2474-TIL-26	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			VTC2J-CAP-132J2486-TIL-26	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000			CUP-4S965468-26-26	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A	UB-8Y097181-26-26-D UB-8Y098614-26-26-R VTWXJUB-1C030050-TIL-26	10/1/2026 10/1/2026 10/1/2026	10/1/2027 10/1/2027 10/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C A A	Pollution /Professional Builders Risk Contractors Equipment			CPRO-10000029-00 QT-630-8A125019-TIL-26 QT-630-8A125019-TIL-26	10/1/2026 10/1/2026 10/1/2026	10/1/2027 10/1/2027 10/1/2027	Limit NC or Better Leased/Rented Equip 5,000,000 5,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATION ONLY

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



**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Mechanical, Inc.	
	2 Business name/disregarded entity name, if different from above. Helm Mechanical / Helm Service	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 2279 Yellow Creek Rd., P.O. Box 690	Requester's name and address (optional)
6 City, state, and ZIP code Freeport, IL 61032		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
3	6		-	3	6	7	7	1 9 1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	CFO	Date 3/19/2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Helm Mechanical
Helm Service
2279 Yellow Creek Road
PO Box 690
Freeport, IL 61032

Tel 815 235 1955
Fax 815 235 1940

To Whom It May Concern:

It is our understanding that certain financial information has been requested about Helm Mechanical/Helm Service as part of the bid package / prequalification information we are preparing for your organization. Helm Mechanical/Helm Service is a wholly owned subsidiary of the Helm Group, Inc. and represents approximately 75% of the revenue of the Helm Group, Inc.

An audited consolidated financial statement is prepared for the Helm Group and subsidiaries after each calendar year end. A separate audited financial statement is not prepared for Helm Mechanical/Helm Service as a stand alone entity. Below are some financial highlights for the past few years.

Helm Mechanical / Helm Service. (alone):

2019 Revenue	\$203,327,455
2020 Revenue	\$251,145,004
2021 Revenue	\$297,436,639
2022 Revenue	\$415,848,523
2023 Revenue	\$469,857,016
2024 Revenue	\$495,794,500
2025 Revenue	\$704,663,109

Helm Group, Inc. (total consolidated, all subsidiaries):

2019 Revenue	\$269,555,128
2020 Revenue	\$343,113,270
2021 Revenue	\$389,035,371
2022 Revenue	\$527,756,186
2023 Revenue	\$639,066,893
2024 Revenue	\$682,988,098
2025 Revenue	\$900,686,044

Helm Group, Inc. (total consolidated, all subsidiaries):

As of December 31, 2025:

Total assets	\$473,786,852
Total current assets	\$388,300,439
Total liabilities	\$330,874,453
Total current liabilities	\$313,434,326
Total equity	\$142,912,399

Available line of credit with bank \$ 60,000,000

Specific financial questions and reference requests can be directed to Craig Buikema, CFO, at 815-297-8690.

Thank you,

HELM MECHANICAL / HELM SERVICE
2279 Yellow Creek Rd.
Freeport, IL 61032



Commercial Banking
100 N. Main St.
Janesville, WI 53545
Tel: 608-755-4264
Fax: 608-755-9630

August 11, 2026

Re: Helm Group Inc | Helm Service | Helm Mechanical
2283 US Route 20 East
PO Box 750
Freeport IL 61032

To Whom It May Concern:

Helm Mechanical, Helm Service, and the parent company, Helm Group Inc. ("Helm") have been a client of BMO Bank, N.A. ("Bank") since May 2004 and currently maintains deposit and loan relationships with the Bank. The company and management are well known to the Bank and viewed as professional and experienced in their industry.

For the past twelve months, Helm's depository accounts have had average balances totaling in the high eight (8) figures. Helm maintains a \$60 million line of credit with a medium-five (5) figure balance currently. The line renews in June 2029 and is collateralized by substantially all assets of the Company. All accounts have been handled as agreed and are in good standing.

The Helm Group Inc. is a valued customer of the Bank, and we ask that you extend every courtesy to this customer of BMO Bank, N.A.

If you have any questions, please contact me at (608) 755-4264 or tanner.voss@bmo.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanner Voss", with a stylized flourish extending from the end.

Tanner Voss
Vice President, Relationship Manager
BMO Bank, N.A.
tanner.voss@bmo.com
Ph. 608-755-4264



BMO Bank N.A.



August 12, 2026

RE: Helm Group/Mechanical Inc. - Surety Prequalification Letter

To Whom It May Concern:

Zurich American Insurance Company and/or its subsidiary, Fidelity and Deposit Company of Maryland, have provided surety credit to the Helm Group dba Mechanical, Inc. for single projects of \$250,000,000 and an aggregate uncompleted backlog of \$1,200,000,000.

The Helm Group dba Mechanical, Inc. has been a client of Zurich/F&D since July 2004. Zurich/F&D is rated "A+" (Superior) with a financial size of XV (\$2 billion +) by AM Best and has a US Treasury Limit exceeding \$500 million.

If the Helm Group dba Mechanical, Inc. is awarded a contract and requests that we provide the necessary Performance and/or Payment Bond, we will be prepared to execute the bonds subject to our acceptable review of the contract terms and conditions, bond forms, appropriate contract funding and any other underwriting considerations at the time of the request.

Our consideration and issuance of bonds is a matter solely between the Helm Group dba Mechanical, Inc. and ourselves, and we assume no liability to third parties or to you by the issuance of this letter.

We trust that this information meets with your satisfaction. If there are further questions, please feel free to contact me.

Sincerely,

Stacey Rice
Assistant Vice President - Surety

Zurich Surety
1299 Zurich Way
Schaumburg, IL 60196

Phone: (847) 476-1204

Safety Commitment

At the Helm Group safety transcends typical industry standards—visitors quickly notice this commitment in action. The company's strong safety culture stems from rigorous training and dedicated supervision, ensuring high health and safety standards that are clearly evident and supported by a remarkable safety track record.

Helm Group's comprehensive Enterprise Safety Program extends beyond employee welfare to safeguard the entire community, including customers and contractors. The company approaches even the simplest tasks with stringent safety measures, adopting a mindset of treating all tasks with the highest caution, as emphasized by their executives. This dedication has resulted in an exceptionally low incident rate, distinguishing Helm Group in the industry for its breadth of services and unwavering commitment to safety.

Organization Habits

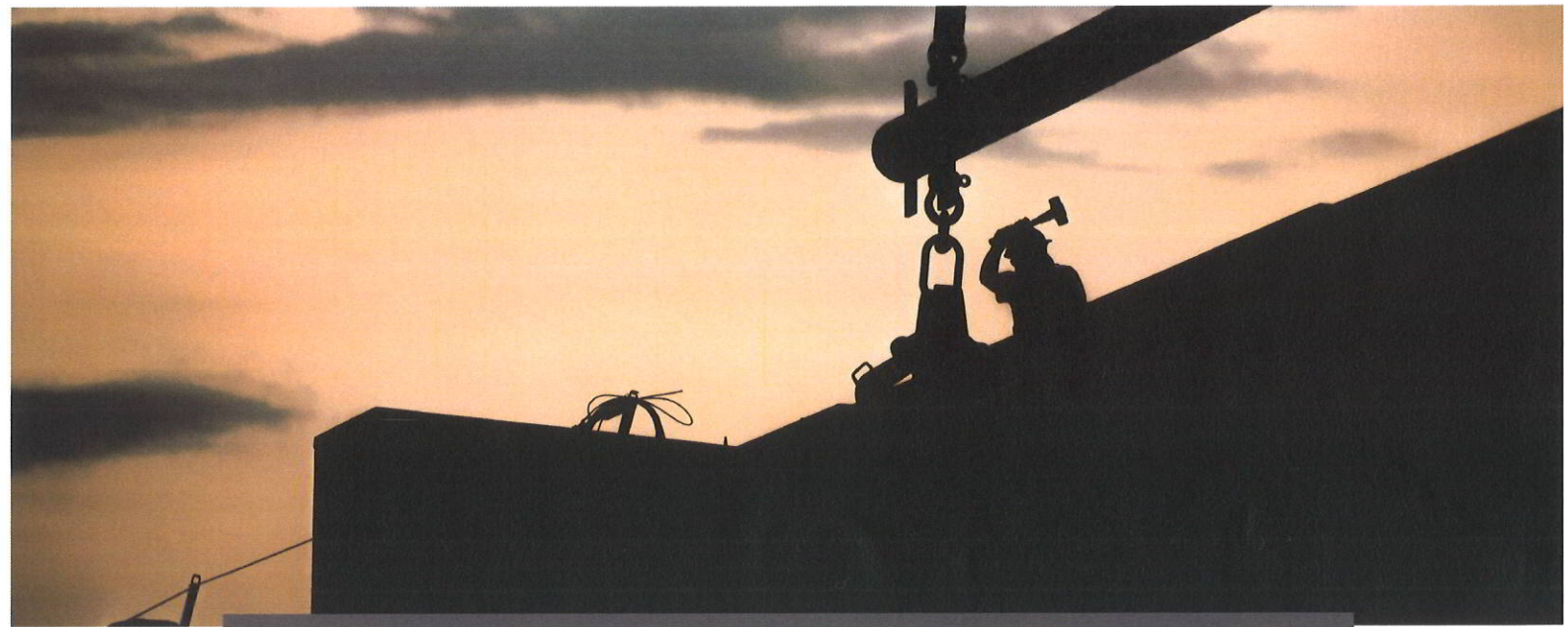
- Written Safety Program and onsite project specific safety manuals.
- Self Auditing from all internal stakeholders including Field and Project Managers.
- Direct involvement on the project with a dedicated Liaison from our Internal Safety Department.
- Job Hazard Analysis, Digital Daily Logs, Crane Management Program, and safety logistics planning.
- 20+ safety professionals that are Helm Employees.
- Drug screening & orientation.

SEE APPENDIX

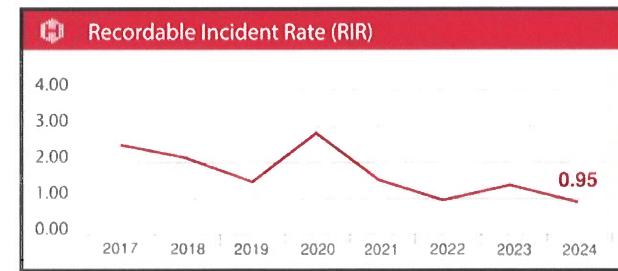
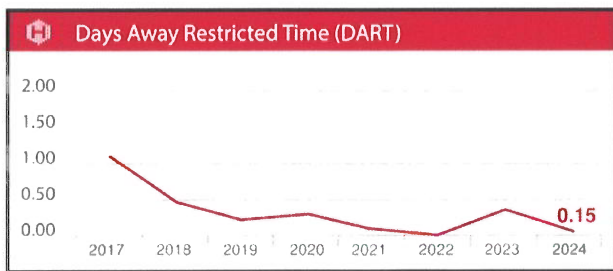
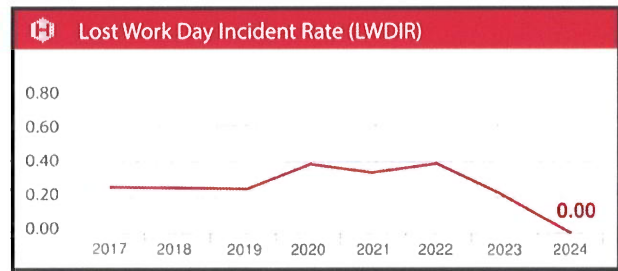
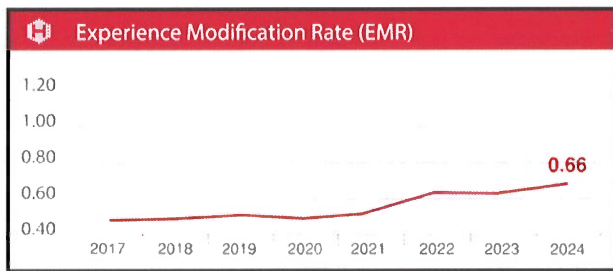
See appendix for additional information on our safety metrics including:

- Experience Modification Rate (EMR)
- Lost Work Day Incident Rate (LWDIR)
- Days Away Restricted Time (DART)
- Recordable Incident Rate (RIR)





A Safety Culture



Cottingham & Butler

800 Main Street | Dubuque, IA 52001
1.800.793.5235 | www.CottinghamButler.com

September 29, 2026

To Whom It May Concern

RE: Historical NCCI Experience Modification Factors

This letter is to confirm the Workers Compensation experience modification history for Helm Group/Civil Constructors, Inc./Mechanical, Inc. is as follows:

04/01/2002	0.55
04/01/2003	0.59
04/01/2004	0.57
06/25/2005	0.69
06/25/2006	0.70
06/25/2007	0.78
10/01/2008	0.76
10/01/2009	0.75
10/01/2010	0.61
10/01/2011	0.60
10/01/2012	0.52
10/01/2013	0.53
10/01/2014	0.47
10/01/2015	0.46
10/01/2016	0.48
10/01/2017	0.52
10/01/2018	0.48
10/01/2019	0.48
10/01/2020	0.52
10/01/2021	0.62
10/01/2022	0.62
10/01/2023	0.66
10/01/2024	0.47
10/01/2025	0.57
10/01/2026	0.59

Please feel free to contact me if you have questions or require any further detail.

Sincerely,

Micki Wulfekuhle, *CRIS*

Account Manager / Service Supervisor, Risk Management

O 563.587.5604 C 563.513.8260

Cottingham & Butler | 800 Main St | Dubuque, IA 52001

1.800.793.5235 | www.CottinghamButler.com



Past Performance

We have included references from three relevant projects of comparable size, scope, and complexity. These references underscore our capability to deliver high-quality, cost-effective solutions while maintaining rigorous standards of safety and quality control.

Active relevant projects include:

- School District of Janesville- Facility Projects in total- \$7,400,000
- Jax-Facility Projects and Renovations in total- \$1,322,210
- Stoughton Trailers-Piping and Welding Projects- \$214,046
- City of Fitchburg-Public Library-Chiller Project- \$311,070
- Stoughton School District-Sand Hill Elementary-Chiller Project- \$607,960
- Stoughton School District-River Bluff Elementary-Chiller Project-\$593,423
- City of Sun Prairie- Facility Project- \$275,540
- USMS 24th Floor Renovation (GSA) - \$1,139,358 (Ken Jones)
- Argonne National Lab Building 369 Renovation - \$901,557 (Ken Jones)
- Lutheran General Hospital - Facility Projects in total - \$7,545,996
- Rosemont Ice Arena - Design Only - \$151,000 (Ron Kozanecki)
- Abbvie - Facility Projects in total - \$2,300,000
- General Mills - Facility renovations - \$22,000,000
- Waukegan School District Performance Contract - \$2,311,349
- Nestle Revitalized Phase 1 - \$5,450,557
- Proctor and Gamble Facility Projects in total - \$570,000
- Rockford Boys and Girls D/B ComEd Subsidized Project - \$1,337,712
- IDOT Pumping Station - \$2,299,105
- Northwestern University Boiler Decentralization Phase II - \$16,996,592
- Shedd Aquarium - Plumbing Renovation - \$2,897,059

SEE APPENDIX

See appendix for additional information including

- Project Profiles



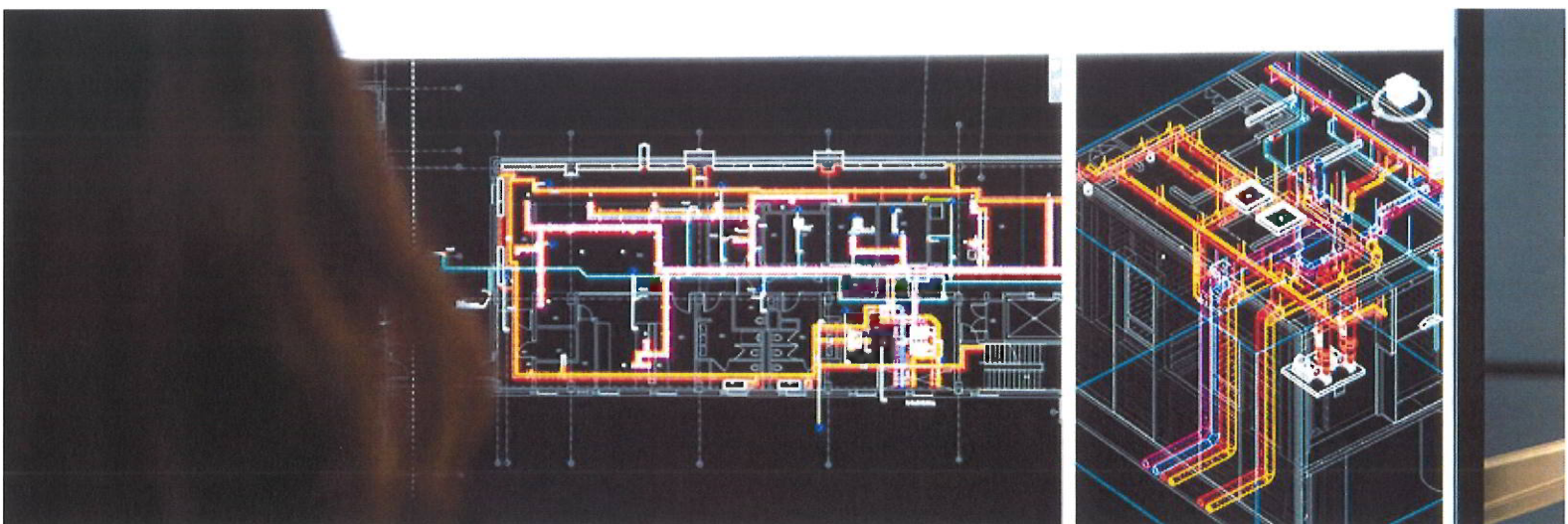
Past Performance

When Helm approaches projects of similar scope, it is lead through our Engineering Department, Managed by our Project Management team, and executed by our Union field staff. Our engineering team follows the construction process from infancy to completion to provide a cohesive solution and transparent results.

Engineering Team Lead



- Lead the design intent and process.
- Provide narratives, scheduling, and specifications.
- Provide Energy Design solutions and validations.
- Provide Value Engineering for transparent decision making.
- Provide practical design solutions.
- Sign and Seal Engineered Plans.
- Mange all engineering services (external & internal).
- Support VDC in design and CAD implementation.
- Provide details, schedules, equipment sourcing and sizing.
- Review project intent and Engineering issues.
- Support Project Managers and Field with engineering questions and concerns.
- Handle all delegated design scope.
- Support all active projects with post construction, QC and commissioning requirements.
- Implement Helm internal commissioning process.



Project Profiles



School District of Janesville

 Janesville, Wisconsin

Project value \$4.6 million plus an additional \$2.8 million in Boiler Replacement Projects. Boilers, Air Handling Units, Unit Vents, Chillers, Water Heaters, VAV's- Energy savings maintenance and upgrades on HVAC Equipment at all schools.

Jax Incorporated

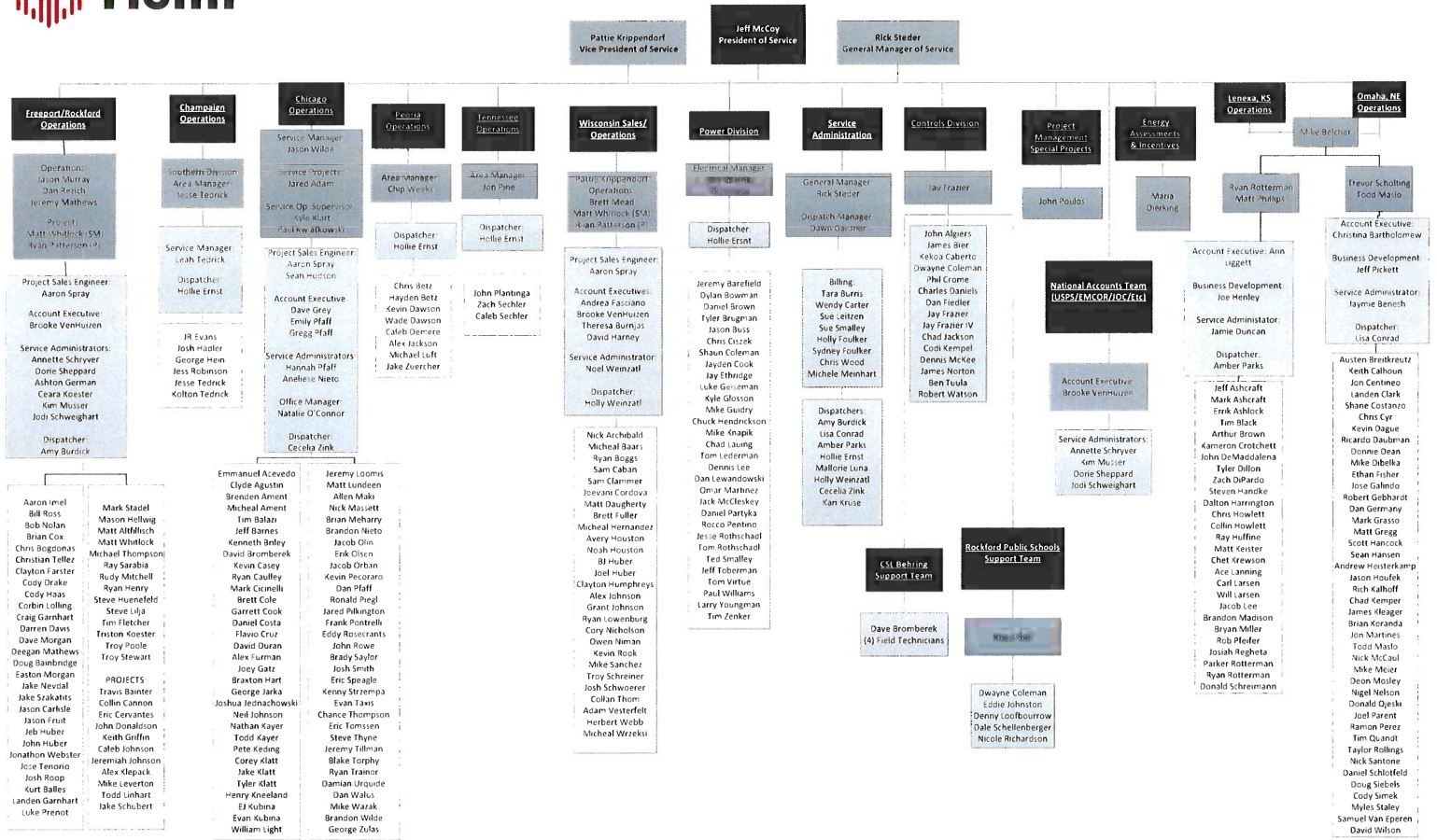
 Janesville, Wisconsin

Project value \$880,210.00 plus an additional \$442,000.00 for an expansion. MUA, AHU's, Unit Heaters, Piping and Ductwork Relocation Project.





Helm Service Organizational Chart



References

Municipalities where similar work is performed

City of Loves Park

Shannon Messinger 815-222-8036

shannonmessinger@cityoflovespark.com

Disciplines Supported- Chiller/Building

Automation/HVAC/Plumbing/Electrical Projects & Service Provider
& Planned Maintenance

Stephenson County Sheriff

Sheriff Steve Stovell 815-297-5122

sstovall@stephensoncountyil.gov

Disciplines Supported- Chiller/Building

Automation/HVAC/Plumbing/Electrical Projects & Service Provider
& Planned Maintenance

City of DesPlaines

Tom Bueser 847-391-5470

Tbueser@desplaines.org

Disciplines Supported: HVAC/Chillers/Building

Automation/Plumbing/Electrical Projects & Service Provider

City of Rockford

Mark Kalousek 779-348-7664

Mark.Kalousek@rockfordil.gov

Disciplines Supported: Chiller / Building

Automation/HVAC/Plumbing/Electrical





Helm Service
S84W18852 Enterprise Drive
Muskego, WI 53150
262-798-1500
www.helmgroupp.com

References

~Boiler Projects~

Janesville School District:

Dave Leeder-District Maintenance Supervisor-(608) 751-1030

Project values 2.8 million dollars. Completed in September of 2023, Helm Service provided boiler upgrades at six schools within Janesville School District. This involved replacing multiple boilers, controls and electrical work.

Beloit Memorial High School:

Kristi Kauffman- Facilities Secretary- (608) 361-3305

Project values are over \$300,000. Completed in August of 2024, Helm Service demo and installed (3) new Boilers, as well as provided necessary piping and venting.

Alpine Slicing & Cheese Conversion Company:

Kris Thomson-(608)-214-6076

Project values are over \$435,000. Completed in March of 2024, Helm Service supplied and installed (2) new Hurst Boilers, along with a Feedwater System and Blow Down Separator.

City of Sun Prairie:

Kristy Thao-Public Services Department- (608) 825-0707

Project values over \$500,000. Project involves replacing (21) heat pumps, replacing a split system and installing a new Lochinvar Crest Boiler.

City of Fort Atkinson:

Erin Sweeney-Wastewater Superintendent- (920)-397-9917

Completed in October of 2024, Helm Service installed (2) LAARS Boilers with new boiler pumps. Helm Service provided necessary re-piping and new electrical for these replacements. Helm Service was able to apply the Focus on Energy Incentive to this Project.

Alden Estates of Jefferson Rehabilitation & Health:

Terry Magnusson-Director of Property Management-(773) 724-6364

Installed in the beginning of 2025, Helm Service supplied and installed (3) Thermal Solution Boilers at Alden Management. In addition to this, Helm Service replaced boiler pumps and triple duty valves.

Milliporesigma:

Joshua Orth-Maintenance Project Engineer- (920) 912-0070

Installed in the beginning of 2025, Helm Service demo the (2) existing PK boilers and installed (1) Laars Magnatherm Boiler. Helm Service provided necessary piping and ventilation reworks.



EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Helm to assure that applicants are employed, and that employees are treated during employment, without regard to their age, disability, mental or physical handicap, race, religion, sex, color, or national origin. It is also the policy of Helm Electric not to discriminate against any employee or applicant for employment because he or she is a disabled veteran or veteran of the Vietnam era in regard to any position for which the employee or applicant is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified veterans without discrimination in all employment practices such as the following: employment upgrading, demotion or transfer, recruitment, and selection for training, including apprenticeship. Such action shall include: employment, upgrading, demotion or transfer, recruitment of recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship, pre-apprenticeship, and/or on-the-job training.

This policy has been established pursuant to the Civil Rights Act of 1964, Executive Order 11246, as amended, the Rehabilitation Act of 1973, as amended by the Rehabilitation Act of 1974, and all other orders or regulations pertaining to Equal Employment Opportunity and to reaffirm our continued commitment to a program of Equal Employment Opportunity and merit employment policies.

Our Company Equal Employment Officer is:

Brian Helm

PO Box 690

Freeport, IL 61032

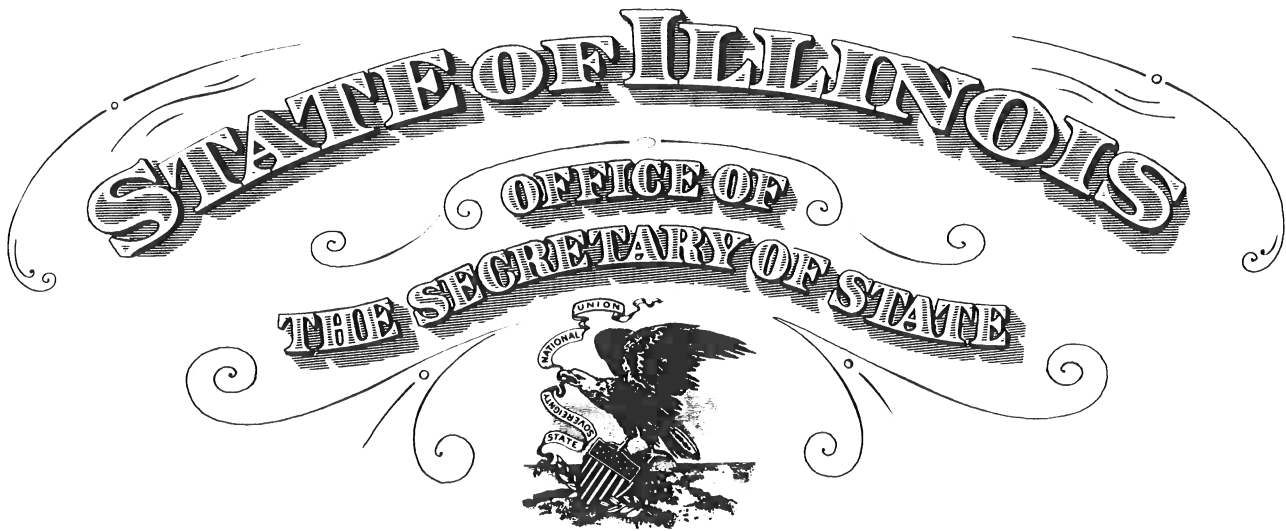
Phone: 815/235-1955

Any complaints alleging discrimination because of race, religion, sex, color, age, national origin or physical or mental handicap should be brought to the attention of the EEO Officer.

Brian Helm, President / EEO Officer

File Number

5579-073-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MECHANICAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of SEPTEMBER A.D. 2026 .

Authentication #: 2625303528 verifiable until 09/10/2027

Authenticate at: <https://www.ilsos.gov>

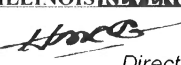
Alexi Giannoulas

SECRETARY OF STATE

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
MECHANICAL INC		
DBA: HELM SERVICE		Loc. Code: 089-5000-0-002 Stephenson County
2279 US HIGHWAY 20 E FREEPORT IL 61032-9643		
Expiration Date: 12/31/2026	Certificate of Registration Sales and use taxes and fees	(2175-1171)
		 ILLINOIS REVENUE  Director
OFFICIAL DOCUMENT		Issued Date: 11/01/2025



PLUMBERS Local 130 UA

1340 West Washington Boulevard • Chicago, Illinois 60607-1988

Phone: (312) 421-1010 • Fax: (312) 421-9633 • ualocal130.org

JOHN P. HOSTY
Financial Secretary-Treasurer

JAMES F. COYNE
Business Manager

PATRICK F. MCCARTHY
Recording Secretary

09/21/2026

MECHANICAL INC
DBA HELM MECHANICAL
PO BOX 690
FREEPORT, IL 61032-0690

To Whom It May Concern,

This is to certify that **MECHANICAL INC** is in good standing and has fulfilled all current dues and fringe benefit payments, including contributions to the Pension, Health, and Welfare funds, as of **08/31/2026**.

Furthermore, **MECHANICAL INC** has been a signatory contractor with Plumbers Local 130 UA since **11/01/1996**.

Should you require any additional information or assistance, please do not hesitate to contact me at (312) 421-1010, extension 115.

Sincerely,

Patrick F. McCarthy

Patrick F. McCarthy
Recording Secretary

"The PLUMBER protects the health of the nation!"

 Helm	Corporate Safety Program	Issue Date: 01/01/2008
	Drug and Alcohol-Free Policy	Revision Date: 06/06/2025
		Pages: 06

POLICY STATEMENT

Helm Group is committed to maintaining a safe, healthy, and productive work environment for all employees. The use of illegal drugs or misuse of alcohol or prescription medications in the workplace poses a threat to the safety and health of employees and the security of company operations. This policy outlines our commitment to drug and alcohol-free workplaces.

PURPOSE

The purpose of this policy is to:

- Ensure a safe and productive work environment.
- Comply with applicable federal, state and local laws.
- Support employees in seeking help with substance abuse problems.

SCOPE

This policy applies to all employees, contractors, temporary workers, interns, and job applicants of Helm Group, regardless of location.

PROCEDURE

1. All Helm Group employees will be advised of the dangers of drug and alcohol abuse in the workplace through a drug and alcohol awareness program. Each employee will be given a copy of the Helm Group Drug and Alcohol-Free Policy. Each employee will be responsible for reading the policy and directing any questions they may have to supervisory personnel of the Helm Group. After reading the policy, each employee shall sign and date the Helm Group Drug and Alcohol-Free Consent Form, attached hereto, and return same to his/her supervisor. This document is an acknowledgement that the employee has received, comprehends, and will abide by the rules set forth in the Helm Group Drug and Alcohol-Free Policy. Each employee will be given a copy of the notice required by the Illinois Drug-Free Workplace Act, a copy of which has been made part of the Helm Group Drug and Alcohol-Free Consent Form.
2. The use, possession, (including drug residues in blood, oral fluids or urine), distribution, or sale by an employee of illegal drugs; including but not limited to, marijuana, cocaine, crack, phencyclidine (PCP), heroin, and other analgesics, LSD, amphetamines and other stimulants, and other barbiturates, and other depressants, while on the job, on Helm Group property, in Helm Group vehicles, or on our jobsites is strictly prohibited. Employees found in violation will be subject to disciplinary action, up to and including termination.

 Helm	Corporate Safety Program	Issue Date: 01/01/2008
	Drug and Alcohol-Free Policy	Revision Date: 06/06/2025
		Pages: 06

3. An employee is prohibited from possessing, consuming, or being under the influence of alcohol while on Helm Group property or while on work assignment, including meal or break times. Employees found in violation will be subject to disciplinary action, up to and including termination.
4. Employees taking medicine, which could impair their ability to function normally or to operate power tools, heavy equipment, or vehicles must advise their supervisor and/or jobsite supervisor identifying the medication and its effects, prior to performing work. This could include some over the counter or prescription medications. Employees should check with their physicians when prescribed these types of medications to ensure that the drugs do not affect their ability to work safely. Failure to comply with the requirement of this paragraph may result in disciplinary action, up to and including termination of employment.
5. An employee shall notify the Helm Group of his/her drug or alcohol conviction no later than five (5) days after such conviction. Failure to notify the Helm Group of such conviction within the five (5) day period may result in disciplinary action, up to and including termination of employment. A criminal conviction for a drug violation of the law shall result in termination of employment.
6. Employees who believe that their health and safety may be adversely affected by others on the jobsite, whom they know, or suspect is using or abusing drugs or alcohol, shall report same to either their supervisor or the Helm Group Safety Department. The Helm Group will then take appropriate steps, without revealing the identity of the individual who wrote the report. The Helm Group shall hold the identity of such reporting employee in strict confidence.
7. The Helm Group will refer any employee to a rehabilitative agency for professional counseling, guidance, or treatment if that employee informs the Helm Group of his/her belief that he or she may have a problem with drugs or alcohol. The Helm Group will in no way be financially responsible for an individual's treatment. The Helm Group will hold participation by an employee in an Employee Assistance Program referral in strict confidence. Participation in such a program does not relieve the employee from full job performance requirements, including compliance with the Helm Group's Drug and Alcohol-Free Policy.
8. To comply with Local 23 Plumbers & Pipefitters Union drug screening requirements, employees of Helm Mechanical who interact with Local 23 members are required to participate in a random drug testing consortium. Participants will be selected randomly from a 50% pool. The names of selected participants will not be returned to the pool, so that every two years all employees will have been evaluated at least once. At the same time, all participants will be part of a second pool in which 10% of the participants will be selected for testing each year. Participants in the 10% pool can be selected for testing at any time even if they have been selected recently from the 50% or 10%

 Helm	Corporate Safety Program	Issue Date: 01/01/2008
	Drug and Alcohol-Free Policy	Revision Date: 06/06/2025
		Pages: 06

pools. Employees who are subject to this random testing process will be notified of the new policy requirements. Additionally, Employees will receive written notification when they are randomly selected for drug screening. This notification will include reporting instructions.

Testing Requirements

Testing for illegal drugs and/or alcohol will be conducted under the following conditions by a company official or other person considered competent:

1. Prospective Employee- A person who has made an application, whether written or oral, to the Helm Group to be an employee or who has been sent by the union to the Helm Group for employment.
2. Return to Work - When an employee returns to active employment after a layoff greater than 30 days or non-medical leave of absence.
3. Post Accident:
 - a. When an employee sustains an on-the-job injury requiring professional medical attention or causes another employee to sustain an on-the-job injury requiring professional medical attention.
 - b. When an employee is directly involved in or contributes to the cause of an incident resulting in bodily harm or substantial property damage. The Foreman and a Helm Group Safety Department Representative will be responsible for investigating and determining if the accident warrants drug testing.
4. Reasonable Suspicion – A specific active employee may be required to submit to a drug and/or alcohol test if the Helm Group has evidence that an employee is using or has used drugs and/or alcohol in violation of this written policy. This evidence must be drawn from specific objective and distinctive facts and reasonable inferences, documented using the Helm Group Reasonable Suspicion Observation Report Form.
5. To comply with contractual agreements with project owners.
6. To comply with USDOT regulations.
7. To comply with Local 23 – Plumbers & Pipefitters Union Random drug screening requirements.

Testing Process:

Drug and/or Alcohol screenings shall be gathered through urine, oral fluids, and breath or blood samples at the Helm Group's discretion to ensure a drug and alcohol-free workplace.

1. Confidentiality – All aspects of the Helm Group drug and/or alcohol testing process will be kept confidential to the extent allowed by law. In general, all information, reports, statements, memoranda, and drug and/or alcohol test

 Helm	Corporate Safety Program	Issue Date: 01/01/2008
	Drug and Alcohol-Free Policy	Revision Date: 06/06/2025
		Pages: 06

results, written or otherwise, received by the Helm Group through a drug and alcohol testing program are confidential communications.

2. Collection of Sample – The preferred method of sample collection is through an occupational health clinic or professional health care provider. At the discretion of Helm Group, it is acceptable for designated, trained company employees to perform oral fluid screenings at the jobsite on a limited basis.
3. Consequences of Refusing to Submit to a Drug Test (including refusal to sign the Helm Group Drug and Alcohol-Free Consent Form) - No employee or prospective employee shall refuse to submit to any test required by this policy. Refusal to submit to a test will be treated the same as a positive test result. Failure to complete and sign testing form(s), to provide an adequate specimen, or otherwise to cooperate with the testing process in a way that prevents the completion of the test will be considered a refusal to evaluate and will be treated the same as a positive test result. Any attempt to adulterate a specimen or provide a specimen that is adulterated will also be considered a refusal to evaluate and will be treated the same as a positive test result. Any obstruction to, and lack of cooperation with, the testing process will be considered a refusal to evaluate and treated the same as a positive test result. Failure or refusal to be available for testing may be considered a refusal to submit to testing, and grounds for disciplinary action, up to and including termination, or a prospective employee not being hired.
4. Consequence of a Positive Test – A test or “screen” for drugs and/or alcohol is an analytical procedure to determine whether an employee or prospective employee has drugs and/or alcohol in his/her system. If an employee has a positive test result for an alcohol level exceeding 0.00 or any trace of unlawfully controlled substance/drug, the employer will require the employee’s immediate removal from duty. He/She will be subject to disciplinary action up to and including termination of employment. Prospective employees with such results may not be hired and may not be able to re-apply for a period of one year. No employee or prospective employee shall perform duties after testing positive until the terms specified in this policy have been satisfied. When appropriate, the Helm Group may require employees with workplace substance violations to satisfactorily participate in an approved rehabilitation program at the cost of the employee (see Drug and Alcohol Rehabilitation Centers Document).

Disciplinary Action:

All employees are to report to work in a physical condition that enables them to perform their job in a safe and efficient manner. Employees shall not:

- Use, possess, dispense, or receive prohibited substances on or at the jobsite or in company vehicles or equipment.
- Report to work with prohibited substances in their system.

 Helm	Corporate Safety Program	Issue Date: 01/01/2008
	Drug and Alcohol-Free Policy	Revision Date: 06/06/2025
		Pages: 06

Discipline

1. Any existing Helm Group employee who refuses to sign the Helm Group Drug and Alcohol-Free Consent Form, and/or to take the required test will result in immediate suspension and termination by the Helm Group.
2. Prospective Employees who refuse to sign the Helm Group Prospective Employee Drug and Alcohol-Free Consent Form, and/or test positive for drug and/or alcohol use may not be hired.
3. Employees found in possession of drugs and/or alcohol will be terminated.
4. Employees found under the influence of drugs and/or alcohol while on duty will be subject to termination.
5. Any employee who is currently enrolled in a drug and/or alcohol rehabilitation program and who tests positive will be suspended until successful completion of the program and a negative test result. However, a second confirmed positive test may result in termination.

Testing Standards and Facilities:

1. All blood, oral fluid, breath, or urine samples shall be collected at occupational health clinics, or professional medical testing facilities as designated in writing by the Helm Group or administered by a trained Helm Group Safety Department Representative. Such testing facilities will provide a Medical Review Officer (MRO) as required under this Policy. The blood, urine, breath, or oral fluids sample will be evaluated for (but not limited to) alcohol, marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. The MRO, collection, and testing facilities are subject to change at any time without notice to the employee. Any employee having a positive drug test will be contacted by the MRO and have an opportunity to provide an explanation for the positive result. The MRO shall issue a test report.
2. If, after meeting with the employee, the MRO concludes that there is legitimate medical explanation for a positive laboratory test result and that the reason for that laboratory test result is consistent with the legal prescription or over-the-counter drug use, the MRO shall report the test results being negative for such reason.
3. When directed, it is the responsibility of each employee or prospective employee to report to the medical facility designated by the Helm Group for a drug and/or alcohol screen. The employee must submit to a drug and/or alcohol screen within four (4) hours of notification. They shall provide picture identification at the testing site. The Helm Group will pay the costs of all pre-employment and post-accident drug and/or alcohol testing.

 Helm	Corporate Safety Program	Issue Date: 01/01/2008
	Drug and Alcohol-Free Policy	Revision Date: 06/06/2025
		Pages: 06

4. At the Helm Group's discretion, designated, trained employees may perform oral fluids screening at the jobsite. Employees or prospective employees who refuse to submit to an on-site screening do have the option to report to a licensed medical facility selected by the Helm Group.
5. The Helm Group will in no way be financially or legally responsible for any professional counseling, guidance, or treatment sought by any such individual during or after his/her termination of employment.
6. The Helm Group shall keep confidential and shall not disclose any documents relating to employee testing or rehabilitation programs, or information contained therein, unless required by Federal, State, or other Government Agencies, and except in connection with any grievance, claim or legal action of any type brought by or against the employer, the employee, or any other person or entity arising from, or in any way relating or connected to, the subject matters covered by this policy. The filing of any such grievance, claim or legal action of any type shall constitute a waiver by the employee of the confidentiality of any and all such documents and the release of the Helm Group and any other person or entity from any confidentiality obligations, liability, or damages with respect to the use in any manner of any and all such documents or information contained therein, including all oral communication which may have occurred in generating the document.
7. The preceding policy and program provide for a reasonable approach to the problem of drug and alcohol abuse. The Helm Group cares about its employees, the public, and its workplace and will, therefore, take affirmative steps to assure health, safety, and quality of life for all.

Administration:

The Job Site Project Manager or Foreman is responsible for the administration of this policy at the job level. The Helm Group Safety Director oversees the policy for all Helm Group operations. The Helm Group Safety Director and/or Helm Group Safety Department Representatives are responsible for all job site testing.

TRAINING

1. Helm Group employees will be required to complete a drug and alcohol awareness training program at the discretion of the Helm Group.
2. Supervisory personnel and those employees required to have a Commercial Driver's License (CDL Employees) will be trained in factors relating to drug and alcohol abuse and the detection thereof on the jobsite. This training will include sensitivity to, and identification of, drug and alcohol abuse, and referral for treatment of same in accordance with this policy.

Mechanical License

Year 2026

License Type: A, B, D & E

License Number: 523-20

Construction & Development Services Division

City of Rockford, Illinois

This is to Certify that, WHITLOCK, MATTHEW T. currently employed with, HELM MECHANICAL having complied with the requirements of ordinances passed by the City Council of the City of Rockford providing for the licensing of Mechanical Contractors, is hereby recorded as a Licensed Mechanical Contractor and is entitled to receive permits for mechanical work provided that such permits are subject to the provisions of all Ordinances of the City of Rockford now in force, or which may be hereafter passed. This license, unless sooner revoked or suspended for cause, expires December 31, 2026.

IN WITNESS WHEREOF, I have hereunto set my hand this 23RD day of December of 2025.



Mechanical Inspector



Construction & Development
Building Inspection Administrator

SPECIFICATIONS

The contractor must schedule a mandatory walkthrough appointment with the District's Building and grounds director prior to submitting the bid:

Building and Grounds Director, Jason Piper, 815-521-2310,
jpiper@mchs.net

Location: Minooka Community High School District #111, Central Campus, 301 S. Wabena Ave, Minooka, IL 60477, Rooftop, accessible by stairs.

1. SCOPE OF WORK

The Contractor shall furnish all labor, materials, equipment, transportation, rigging, permitting, and disposal required to disconnect, remove, and replace two (2) existing rooftop units (RTUs) at the project location.

Unit Breakdown:

- **Unit 1 (RT-1): AAON Rooftop Unit**
 - **Model:** RN-070-3-0-BA04-3D9
 - **Serial Number:** 200906-BNGY05931
 - **Electrical:** 460V / 3-Phase / 60 Hz | MCA: 211A | MOCP: 225A
 - **Heating/Cooling:** Natural Gas Heat (810 MBH Input / 648 MBH Output) | R-410A Refrigerant
- **Unit 2 (Carrier Rooftop Unit):**
 - **Model:** 50HJ-017---691AB
 - **Serial Number:** 1602F47990
 - **Electrical:** 460V / 3-Phase / 60 Hz | MCA: 59A | MOCP: 60A | Electric Heat (32 kW / 39 FLA)
 - **Refrigerant:** R-22 System

2. DEMOLITION & DISPOSAL

1. Safely recover and recycle all refrigerants (R-410A from RT-1, R-22 from Carrier unit) in strict accordance with EPA Section 608 regulations.
2. Disconnect and lock out/tag out (LOTO) all high-voltage electrical, gas supply lines, low-voltage control wiring, and condensate drainage.
3. Remove existing units via crane/rigging in compliance with local safety regulations and OSHA standards.
4. Haul away and legally dispose of/recycle old equipment, sheet metal, and debris off-site.

3. EQUIPMENT SPECIFICATIONS & PERFORMANCE EQUIVALENTS

Contractor shall provide new packaged rooftop units matching or exceeding the capacity and performance of the existing units:

Feature / Unit	RTU 1 (AAON Replacement)	RTU 2 (Carrier Replacement)
Cooling Capacity	~70-Ton Equivalent	~15-Ton Equivalent
Heating Method	Natural Gas (Min. 810 MBH Input / 648 MBH Output)	Electric Resistance Heat (~32 kW)
Electrical Supply	460V / 3-Phase / 60 Hz	460V / 3-Phase / 60 Hz
Refrigerant	R-410A or EPA-Compliant Low-GWP Alternative	R-410A or EPA-Compliant Low-GWP Alternative
Features	Variable airflow, high-efficiency economizer, power exhaust	Integrated economizer, factory-installed electric heater kit

4. INSTALLATION REQUIREMENTS

1. Curbs & Adapters:

- Verify existing curb dimensions and duct openings.
- Provide custom, fully welded 14-gauge galvanized transition roof curb adapters for both units to ensure a watertight seal and proper duct alignment.

2. Electrical:

- Reconnect existing 460V/3PH power supply to new equipment.
- Verify wire sizing and circuit breaker ratings match new unit Minimum Circuit Ampacity (MCA) and Maximum Overcurrent Protection (MOCP).
- Install new non-fused disconnect switches adjacent to each unit.

3. Gas Piping (RT-1):

- Reconnect natural gas line with a dedicated drip leg, shutoff valve, and flexible connection. Test gas lines for leaks before firing.

4. Controls & Thermostats:

- Reconnect existing building automation system (BAS) or install compatible modern

programmable digital thermostats for both units.

5. Condensate Drain Lines:

- Install UV-resistant PVC condensate drain piping with P-traps, properly supported and routed to nearest drain/gutter.

5. TESTING, ADJUSTING, AND BALANCING (TAB) & COMMISSIONING

1. Perform complete startup procedures per manufacturer specifications.
2. Check and record operating voltages, phase balance, amp draw, refrigerant pressures, and gas pressure settings.
3. Provide a complete **Commissioning & Startup Report** upon completion.

6. SUBMITTAL REQUIREMENTS

Bidders must include the following with their proposal:

- Proposed replacement unit manufacturer cutsheets/specifications.
- Detailed curb adapter shop drawings.
- Estimated project timeline and crane lifting plan.
- Comprehensive breakdown of parts, labor, permit fees, and warranty details.
- Proof of insurance and state/local licensing.

7. CLEAN UP

Contractor shall:

- Remove all replaced materials from the site.
- Dispose of refrigerant, oil, and components in accordance with applicable regulations.
- Leave the work area clean and operational.

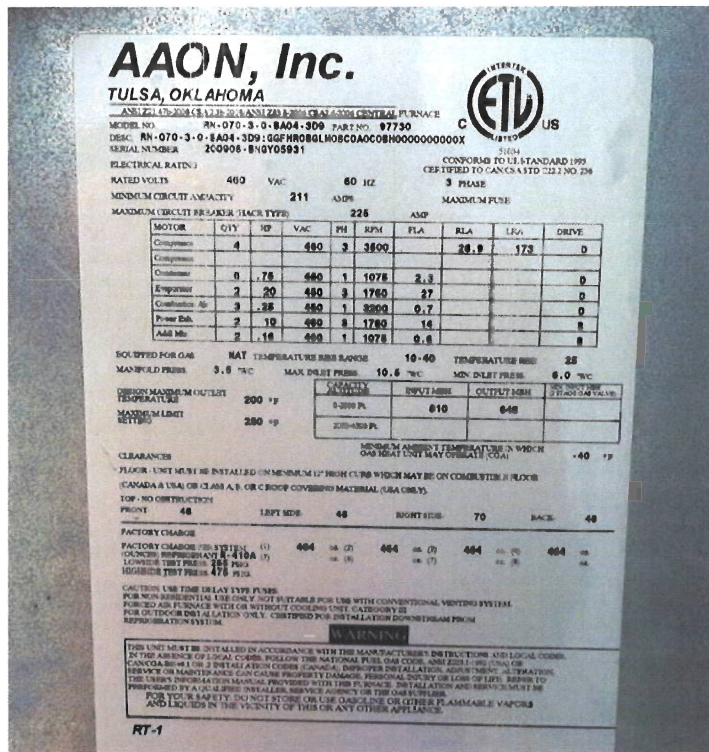
8. WARRANTY

Contractor shall provide:

- Minimum one (1) year labor warranty.
- Manufacturer compressor warranty.
- Warranty on leak repairs and replacement components.

Warranty shall begin upon Owner acceptance.

Pictures of current unit models:



BID SUBMITTAL FORM

(must be returned with accompanying certifications and check off sheets)

Base Bid

Provide a lump sum for all work described in Section 1.1:

Base Bid Total: \$348,847.00

A. Billing Structure:

Contractor to specify how the owner will be billed for work performed:

☐ **Fixed Fee:** \$ _____ (Flat rate for investigation and minor repairs)

☒ **Time & Materials:** \$ 145/hr 15% mv /hr Labor Rate + % Markup on Materials.

B. Scope Limitations:

Define what constitutes a "Major Repair" requiring a change order (e.g., coil replacement):

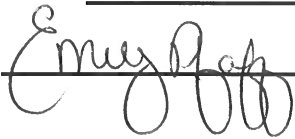
Anything not outlined in this scope of work.
Units will be replaced Per the specifications as shown in
this RFP. Anything outside said scope would come at additional
costs.

Unit Pricing (For Change Orders)

Item	Unit of Measure	Unit Price
R-410A Refrigerant	Per Pound (lb)	\$ 19.92
Standard Labor Rate	Per Hour (hr)	\$ 145.00
Emergency/After-Hours Rate	Per Hour (hr)	\$ 217.50

4. CONTRACTOR ACKNOWLEDGEMENT

Company Name: Mechanical Inc dba Helm Service

Signature:  Date: 10/13/2026

Assurances and Certifications

STATEMENT OF CERTIFICATION

By submission of this bid or proposal, the bidder certifies that:

1. This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor.
2. This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor or potential competitor.
3. No attempt has been made or will be made to induce any other person, partnership or corporation to submit or not to submit a bid or proposal.
4. Bidder has not been convicted of price fixing nor pleaded “no contest” to such charges within the last five (5) years.
5. Bidder is not a subsidiary of a company that has been convicted of price fixing nor pleaded “no contest” to such charges within the last five (5) years.
6. As part of its bid, the supplier/bidder does hereby certify that said supplier/bidder is not barred from bidding on the contract as a result of violation of either Section 33E-3 or 33E-4 of Article 33E of Chapter 38 of the Illinois Revised Statutes
7. As part of its bid, the supplier/bidder does hereby certify pursuant to section 3 of the *Illinois Drug-Free Workplace Act* (Ill.Rev.Stat. ch 127, para. 132.313) that [he, she, it] shall provide a drug-free workplace for all employees engaged in the performance or work under the contract by complying with the requirements of the *Illinois Drug-Free Workplace Act* and, further certifies, that [he, she, it] is not ineligible for award of this contract by reason of debarment for a violation of the *Illinois Drug-Free Workplace Act*.
8. As part of its bid, the supplier/bidder does hereby certify pursuant to 775 ILCS 5/2-105 that [he, she, it] has written sexual harassment policies that include at least the minimum information as required by law; that a copy of the policies shall be provided to the Department of Human Rights upon request; and that [he, she, it] is not ineligible for award of this contract by reason of debarment for a violation of the *Illinois Human Rights Act*.
9. As part of its bid, the supplier/bidder does hereby certify pursuant to 775 ILCS 5/2-104 that [he, she, it] complies with the procedures and requirement of the Illinois Department of Human Rights regulations concerning equal employment opportunities and affirmative action, shall provide such information with respect to its employees and applicants for employment and assistance as the Department may reasonably request, and that [he, she, it] is not ineligible for award of this contract by reason of debarment for a violation of the *Illinois Human Rights Act*.

10. Bidder hereby represents, warrants, and certifies that no officer or director thereof has any knowledge that any employee thereof has been convicted of committing or attempting to commit any of the following: "Criminal Code of 1961, 720 ILCS, Sections 5/11-6 (Indecent solicitation of a child), 5/11-9 (Public indecency), 5/11-14 (Prostitution), 5/11-15 (Soliciting for a prostitute), 5/11-15.1 (Soliciting for a juvenile prostitute), 5/11-19 (Pimping), 5/11-19.1 (Juvenile Pimping), 5/11-19.2 (Exploitation of a child), 5/11-20 (Obscenity), 5/11-20.1 (sexual assault), 5/12-14 (Aggravated criminal sexual assault), 5/12-15 (Criminal sexual abuse), and 5/12-16 (Aggravated criminal sexual abuse, and or those offenses defined in the Cannabis Control Act," 720 ILCS, 550/1 et. Seq. (except the "Illinois Controlled Substances Act," 720 ILCS 570/100 et. Seq. and/or any offense committed or attempted in any other state or against the laws of the United States, which if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.
11. Bidder further agrees that it shall not employ any person who have or may have direct, daily contact with the pupils of any school in the district, and for whom a criminal background investigation has not been conducted pursuant hereto, and further represents and agrees that all applicants for any such employment shall furnish with their applications the attached written "Authorization for Criminal Background Information" form authorizing the Board of Education to request a criminal background investigation of said applicant pursuant to Section 5/10-21.9 of the School Code of Illinois and to receive criminal history record information pursuant thereto to determine if the applicant has been convicted of committing or attempting to commit any of the criminal or drug offenses enumerated above.
12. Bidder further agrees to submit with said authorization payment for any costs and expenses associated with the criminal background investigation Bidder further represents, warrants, and certifies that no applicant for employment with respect to whom the criminal investigation reveals any conviction for committing and/or attempting to commit any of the above enumerated offenses, shall be employed thereby in any position that involves or may involve contact with the students of the school district. This certification is executed on the date hereinafter indicated by the designated bidder by its duly authorized officer.
13. Bidder represents and warrants that it shall comply with the terms and conditions of this Request for Proposal. In addition the bidder agrees that the terms and conditions contained herein take precedence over any conflicting terms in other documents of the parties.

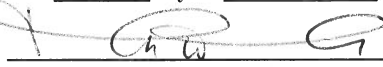
By: 
Authorized Agent Signature

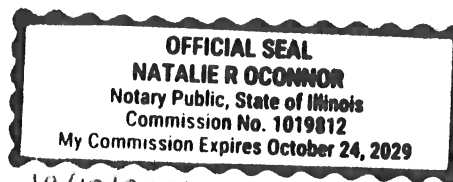
Emily Pfaff
Printed Name

10/13/2026
Date

SUBSCRIBED and SWORN TO before

this 13th day of October, 20 26


NOTARY PUBLIC



10/13/2026

This page must be returned signed and notarized for the bid to be considered.

BID SUBMITTAL CHECKOFF SHEET

Please Return completed with Bid

1. The bid should include any and all warranties and extended warranties.

Included YES

2. The bid should include all specification sheets for the equipment and any and all preventative maintenance for the equipment and available maintenance plans.

Included YES

3. The bids shall include references from 3 school districts of similar size and scope of project, preferably Illinois school districts.

Included YES

4. The bid shall include an ACORD Certificate of Liability Form indicating the types and amounts of liability insurance maintained by the bidder.

PAGE 7

Included YES

5. The bid shall include the Assurances and Certifications form contained herein signed and completed.

Included YES

6. The bid shall include a detailed specification substantially equivalent to that contained herein. Any exceptions shall be documented.

Included YES

7. The bid shall include drawings of the new layout of the room(s) with recommended design graphics. The district is open to receiving proposals that present various options/ at various cost levels.

Included NA

Located in Appendix (or

Tab) #: _____

8. The bid shall include separate line items for the cost of the material shipping, and the installation.

9. Included NO

Located in Appendix (or Tab) #: pages 26 & 27

10. The bid shall include lead time for ordering and shipping. Additionally, the bid shall contain an affirmative statement whether the contractor can deliver and install said equipment prior to March 26, 2027 if awarded said bid at the October board meeting and P.O. issued by October 22, 2026.

Included NOTED ON BID PROPOSAL

Located in Appendix (or Tab) #: _____

11. The bid should include any and all warranties and extended warranties

Included YES NOTED ON PROPOSAL

Located in Appendix (or Tab) #: _____

12. The bid should include all specification sheets for the flooring and any and all preventative maintenance for the flooring and available maintenance plans.

Included NA

Located in Appendix (or Tab) #: _____

13. The bids shall include references from 3 school districts of similar size and scope of project, preferably Illinois school districts.

Included YES

Located in Appendix (or Tab) #: PAGES 14, 16, 18, 19

14. The bid shall include an ACORD Certificate of Liability Form indicate the types and amounts of liability insurance maintained and substantially similar to the sample Accord form contained herein

Included YES DUPLICATE FROM ABOVE PAGE 7

Located in Appendix (or Tab) #: _____

15. The bid shall include the Certification form contained herein signed and completed.

Included YES DUPLICATE FROM ABOVE PAGE 7

Located in Appendix (or Tab) #: _____

16. A copy of the Illinois Secretary of State's Department of Business Services online records evidencing that the contractor has a current corporate annual report on file. If the contractor is an individual, sole proprietor, or partnership, this subsection shall not apply;

Included YES

Located in Appendix (or Tab) #: page 21

17. Documents evidencing current registration with the Illinois Department of Revenue if the contractor has employees (e.g. document with account number, Illinois Business Tax number). 2175-1171

Included YES

Located in Appendix (or Tab) #: page 21

18. Documents evidencing current registration with the Illinois Department of Employment Security if the contractor has employees (e.g. document with UI account number).

Included YES

Located in Appendix (or Tab) #: page 22

19. Disclosure of any federal, state or local tax liens or tax delinquencies against the contractor or any officers of the contractor in the last five (5) years. N/A

Included YES

Located in Appendix (or Tab) #: _____

20. A statement that all employees are (i) covered under a current workers' compensation insurance policy and (ii) properly classified under such policy. If the contractor is insured with a carrier, the evidence of workers' compensation insurance shall be a copy of the "Information Page" of the contractor's workers' compensation policy and any continuation of that Information Page which include the name and address of the insured, as well as the class codes the compensation premium is based on and the total estimated remuneration per class code.

Included YES

SEE COI, PAGE 7

Located in Appendix (or Tab) #: _____

21. A statement of compliance with all provisions of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.) and all rules and regulations therein, for the past five (5) years. Such statement shall also provide that the contractor has reviewed the Prevailing Wage Act or federal Davis-Bacon and Related Acts, has reviewed and agrees to pay the applicable prevailing wage rates attached to the bid specifications, and will strictly comply with the Prevailing Wage Act or federal Davis-Bacon and Related Acts and related requirements. A contractor who has been found by the Illinois Department of Labor to be in violation of the Prevailing

Wage Act twice within a three (3) year period shall be deemed not to be a Responsible Contractor for two (2) years from the date of the latest finding.

Included

Located in Appendix (or Tab) #: page 23

22. A copy of the written program for the prevention of substance abuse to be filed with a public body pursuant to the Substance Abuse Prevention on Public Works Projects Act (820 ILCS 265/1 et seq.).

Included ☒ Yes ☐ No

Located in Appendix (or Tab) #: page 24-29

21. A statement that individuals who will perform work on the district project on behalf of the contractor are properly classified as either (i) an employee or (ii) an independent contractor under all applicable state and federal laws and local ordinances.

Included ☒ Yes ☐ No

Located in Appendix (or Tab) #: PAGE 7

23. Documents evidencing any professional or trade license required by law or local ordinance for any trade or specialty area in which the contractor is seeking a contract award. Additionally, the contractor must disclose any suspension or revocation of such license held by the company, or of any director, officer or manager of the company.

Included ☒ Yes ☐ No

Located in Appendix (or Tab) #: PAGE 30

24. Evidence of participation in apprenticeship training programs applicable to the work to be performed on the project, which are approved by and registered with the United States Department of Labor's Office of Apprenticeship, or its successor organization; and evidence that any applicable apprenticeship program has graduated at least five (5) apprentices in each of the past five (5) years for each of the construction crafts the contractor will perform on the project. Evidence of graduation rates are not required for apprenticeable crafts dedicated exclusively to the transportation of material and equipment to and from the district project.

The required evidence includes but is not limited to a copy of all applicable apprenticeship standards and Apprenticeship Agreement(s) for any apprentice(s) who will perform work on the district project; and documentation from each applicable apprenticeship program certifying that it has graduated at least five (5) apprentices in each of the past five (5) years for each construction craft the contractor will perform on the project. Additional evidence of

participation and graduation requirements may be requested by the Minooka Community High School District #111 at its discretion.

Included ☒ Yes ☐ No

Located in Appendix (or Tab) #: PAGE 23

25. Contractor shall certify that all employees expected to perform work on the project have completed a 10-hour or greater OSHA safety program. Only workers that have satisfactorily completed a 10-hour or greater OSHA safety program will be allowed to participate on the project. The contractor must have copies of employee OSHA cards on file, and Minooka Community High School District #111 may request the contractor provide copies of employees OSHA cards; failure to produce an employee's OSHA card may result in a determination that the contractor is not a responsible contractor.

Included ☒ Yes ☐ No

Located in Appendix (or Tab) #: _____

26. Disclosure of the name and address of each subcontractor from whom the contractor has accepted a bid and/or intends to hire on any part of the project. Further, each such subcontractor shall be required to adhere to the requirements set forth herein as though it were bidding directly to Minooka Community High School District #111. Each contractor shall submit all subcontractor information and supporting documentation to Minooka Community High School District #111 prior to the subcontractor commencing work on the project. It shall be the responsibility of the Contractor to ensure its subcontractors comply with all of the requirements of this Code, including the timely and complete submittals of all required documentation, and the full compliance with all obligations set forth in this Ordinance and the project specifications. Failure of a successful Contractor to submit the required subcontractor information or documentation may constitute a contractual default and/or breach by the contractor and may disqualify a Contractor from performing work on future projects. N/A

Included ☐ Yes ☐ No

Located in Appendix (or Tab) #: PAGES 14, 16, 18, 19

27. Contractor must provide evidence of relevant experience on similar size and scope projects in the past (5) years that indicate the necessary capacity to perform the project and must provide adequate reference(s) verifying the quality of work performed;

Included ☒ Yes ☐ No

Located in Appendix (or Tab) #: PAGES 14, 16, 18, 19

28. Statements as to past performance, which shall give an accurate and complete record of all public works projects completed in the past three (3) years by the contractor. Such

statements shall include the name of the public body and the project, original contract price, final contract price, the names of all subcontractors used, if applicable, and a statement as to compliance with completion deadlines.

Included ☒ Yes ☐ No
PAGES 14, 16, 18, 19
Located in Appendix (or Tab) #: _____

29. Any determinations by a court or governmental agency for violations of federal, state, or local laws, including but not limited to serious, willful or repeated violations of the Occupational Safety and Health Act (OSHA), violations of contracting or antitrust laws, tax or licensing laws, environmental laws, or the Federal Davis-Bacon and Related Acts.

Included ☐ Yes ☐ No N/A

Located in Appendix (or Tab) #: _____

30. Any material changes to the contractor's status, at any time, must be reported in writing within fourteen (14) calendar days of its occurrence. Failure to comply with this requirement is grounds for the contractor to be deemed a non-responsible contractor.

Acknowledged & Agreed ☒ Yes ☐ No

31. It is the sole responsibility of the contractor to comply with all submission requirements at the time it submits its bid to Minooka Community High School District #111. Contractor submissions deemed inadequate or incomplete may result in a determination that the contractor is not a responsible contractor.

Acknowledged & Agreed ☒ Yes ☐ No

32. The submission requirements also apply to all subcontractors, except that the successful contractor shall submit all subcontractor submissions to Minooka Community High School District #111 prior to the subcontractor commencing work on the project. Failure of a subcontractor to submit the required information shall not disqualify the successful contractor from performing work on the project and shall not constitute a contractual default and/or breach by the successful contractor.

Acknowledged & Agreed ☒ Yes ☐ No

However, Minooka Community High School District #111 may withhold all payments otherwise due for work performed by a subcontractor, until the subcontractor submits the required information and Minooka Community High School District #111 approves such information. Further, where Minooka Community High School District #111 deems necessary, Minooka Community High School District #111 may also require that the successful contractor remove the subcontractor from the project and replace it with a responsive and responsible subcontractor.

Acknowledged & Agreed ☒ Yes ☐ No

BID SUBMITTAL CHECKOFF SHEET (must be returned with bid)

Company Name: Mechanical Inc dba Helm Service

By: 
Authorized Agent Signature

Emily Pfaff
Printed Name

10/13/2026
Date

CONTRACTOR QUESTIONNAIRE (must be returned with Bid)

Company Name: Mechanical Inc dba Helm Service

By: 
Authorized Agent Signature

Emily Platt
Printed Name

10/13/2026
Date

- Pursuant to 105 ILCS 5/10-20.40 all school districts in the State of Illinois are required to annually report the number and value of contracts awarded to “minority owned businesses, female owned businesses, and businesses owned by persons with disabilities, as defined in the Business Enterprise for Minorities, Females and Persons with Disabilities Act, and locally owned businesses” for contracts over \$25,000. In order to comply with this requirement, we request contractors to complete the following questionnaire and return with their bid responses.
- For purposes of this questionnaire, “Locally Owned” means that the registered address or principal place of business of the company is located within the boundaries of the school district. For a corporation, LLC, LP, LLP, or LLLP, the registered address is the address for business on file with the Illinois Secretary of State. For all other business entities, the principal place of business is where the books and records of the business are kept and/or the management of the business works.

Is Your Company a Locally Owned Business YES _____ NO ☒ as it relates to this School District?

Our HQ is located in Freeport, IL but we have an office in Aurora: 2601 Beverly Dr, Suite 111, Aurora, IL 60502

- Guidance issued by the Illinois State Board of Education suggests that we inquire whether your company is certified as a minority, female, or disabled person owned business by a certifying agency (e.g., Chicago Transit Authority – Cook County – Illinois Department of Transportation – Metropolitan Transit Authority Metropolitan Water Reclamation District – U.S. Small Business Administration – State of Illinois) or that it would be eligible for certification if an application were made. The Guidance includes the definitions set forth below. Definition of Ownership: “Minority owned business, female owned business, and business owned by a person with a disability” means a business concern which is at least 51% owned by one or more minority persons, females, or persons with a disability; or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons, females, or persons with a disability; and the management and daily business operations of which are controlled by one or more of the minority females, or persons with a disability who own it. (30 ILCS 575/2)
- “Minority person” shall mean a person who is a citizen or lawful permanent resident of the United States and who is: (a) African American – a person having origins in any of the black racial groups in Africa; or (b) Hispanic - a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race; or (c) Asian American - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands); or (d) Native American or

Alaskan Native – a person having origins in any of the original peoples of North America. (30 ILCS 575/2)

- “Female” shall mean a person who is a citizen or lawful permanent resident of the United States and who is of the female gender. (30 ILCS 575/2)
- “Person with a disability” means a person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled, where “Disabled” means a severe physical or mental disability that: (a) results from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders, including stroke and epilepsy, paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disabilities, or end stage renal failure disease; and (b) substantially limits one or more of the person's major life activities. Another disability or combination of disabilities may also be considered as a severe disability for the purposes of item (a) if it is determined by an evaluation of rehabilitation potential to cause a comparable degree of substantial functional limitation similar to the specific list of disabilities listed in this definition. (30 ILCS 575/2).

Is Your Company a Minority Owned Business? YES _____ NO ✓

Is Your Company a Female Owned Business? YES _____ NO ✓

Is Your Company a Business Owned By Persons with Disabilities? YES _____ NO ✓