

**APPLICATION AND CERTIFICATE FOR PAYMENT**

**TO:**  
 County of Hidalgo  
 100 E. Cano  
 2nd Floor  
 Edinburg, Texas, 78539

**PROJECT:**  
 Hidalgo County Pct#1 Tax Office

**APPLICATION NO:** 8

**INVOICE NO:** INV-008

**PERIOD TO:** 05/31/2020

**PROJECT No.:** 2019-003

**CONTRACT DATE:** 07/01/2019

**OUR CONTRACT No.:** 2019-003

**CLIENT CONTRACT No.:** C-18-171-02-26

**FROM CONTRACTOR:**  
 Erickson Construction, LLC  
 3520 Buddy Owens  
 McAllen, Texas, 78504

**Distribution to:**  
 OWNER:   
 ARCHITECT:   
 CONTRACTOR:   
 OTHER:

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$1,199,600.00
2. NET CHANGE BY CHANGE ORDERS	\$0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$1,199,600.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)	\$1,032,760.02
5. RETAINAGE:	\$51,638.03
6. TOTAL EARNED LESS RETAINAGE	\$981,121.99
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$900,728.65
<b>8. CURRENT PAYMENT DUE</b>	<b>\$80,393.34</b>

**9. BALANCE TO FINISH, INCLUDING RETAINAGE**

(Line 3 less Line 6)  
 \$218,478.01

<b>CHANGE ORDER SUMMARY</b>	
Changes approved in previous months by Owner	\$8,003.18
Approved this period	(\$8,003.18)
<b>NET CHANGES by Change Order</b>	<b>\$0.00</b>

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

**CONTRACTOR:**  
 By: [Signature] Date: 06/18/2020  
 State of: Texas

County of: Hidalgo  
 Subscribed and sworn to before: Jeffrey Erickson  
 me this: 18th day of June, 2020  
 Notary Public: Azucena P. Rodriguez  
 My commission expires: 01/29/2022



**ARCHITECT'S APPLICATION FOR PAYMENT**

In accordance with the Contract Documents, Based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

**AMOUNT CERTIFIED**  
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)  
 ARCHITECT: [Signature] \$ 80,393.34  
 By: [Signature] Date: 06/23/20

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any right of the Owner or contractor under this Contract.

**CONTINUATION SHEET**

APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulations below, amounts are stated to the nearest dollar Use Column I on Contracts where variable retainage for items may apply.

APPLICATION NO: 8  
 INVOICE NO: INV-008  
 APPLICATION DATE: 06/03/2020  
 PERIOD TO: 09/31/2020  
 PROJECT NO: 2019-003

A Item #	B Description of Work	C Scheduled Values	D Work Completed		E This Period	F Materials Presently Stored	G Total Completed and Stored To Date	H Balance to Finish	I Retainage (if Variable Rate)	J Total Retainage
			From Previous Application	Period						
	Sitework									
01	Earthwork/Utilities/Paving	\$108,357.00	\$83,746.25	\$0.00	\$0.00	\$0.00	\$83,746.25	\$24,610.75	\$0.00	\$4,187.31
02	Landscaping	\$31,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,500.00	\$0.00	\$0.00
	<b>Subtotal:</b>	<b>\$139,857.00</b>	<b>\$83,746.25</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$83,746.25</b>	<b>\$56,110.75</b>	<b>\$0.00</b>	<b>\$4,187.31</b>
	Concrete									
03	Termite Pre-treat	\$950.00	\$950.00	\$0.00	\$0.00	\$0.00	\$950.00	\$0.00	\$0.00	\$47.50
04	Concrete Slab Foundation	\$34,800.00	\$34,800.00	\$0.00	\$0.00	\$0.00	\$34,800.00	\$0.00	\$0.00	\$1,740.00
	<b>Subtotal:</b>	<b>\$35,750.00</b>	<b>\$35,750.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$35,750.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,787.50</b>
	Masonry									
05	CMU/Stucco	\$95,000.00	\$47,287.55	\$47,712.45	\$0.00	\$0.00	\$95,000.00	\$0.00	\$2,385.62	\$4,750.00
	<b>Subtotal:</b>	<b>\$95,000.00</b>	<b>\$47,287.55</b>	<b>\$47,712.45</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$95,000.00</b>	<b>\$0.00</b>	<b>\$2,385.62</b>	<b>\$4,750.00</b>
	Metals									
06	Structural Steel	\$99,000.00	\$105,684.07	\$0.00	\$0.00	\$0.00	\$105,684.07	(\$6,684.07)	\$0.00	\$5,284.20
07	Metl Stud Framing/Insulation/Sheetrock	\$45,780.00	\$53,900.00	\$0.00	\$0.00	\$0.00	\$53,900.00	(\$8,120.00)	\$0.00	\$2,695.00
	<b>Subtotal:</b>	<b>\$144,780.00</b>	<b>\$159,584.07</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$159,584.07</b>	<b>(\$14,804.07)</b>	<b>\$0.00</b>	<b>\$7,979.20</b>
	Woods & Plastics									
08	Cabinetry/Countertops	\$50,000.00	\$13,000.00	\$18,000.00	\$0.00	\$0.00	\$31,000.00	\$19,000.00	\$900.00	\$1,550.00
	<b>Subtotal:</b>	<b>\$50,000.00</b>	<b>\$13,000.00</b>	<b>\$18,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$31,000.00</b>	<b>\$19,000.00</b>	<b>\$900.00</b>	<b>\$1,550.00</b>
	Thermal & Moisture Protection									
09	Waterproofing	\$39,371.00	\$36,652.60	\$0.00	\$0.00	\$0.00	\$36,652.60	\$2,718.40	\$0.00	\$1,832.64
10	Roofing	\$88,750.00	\$87,839.70	\$0.00	\$0.00	\$0.00	\$87,839.70	\$910.30	\$0.00	\$4,391.99
	<b>Subtotal:</b>	<b>\$128,121.00</b>	<b>\$124,492.30</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$124,492.30</b>	<b>\$3,628.70</b>	<b>\$0.00</b>	<b>\$6,224.63</b>
	Openings									
11	Doors/Frames/Hardware	\$19,500.00	\$19,500.00	\$0.00	\$0.00	\$0.00	\$19,500.00	\$0.00	\$0.00	\$975.01
12	Windows	\$45,998.00	\$43,498.91	\$0.00	\$0.00	\$0.00	\$43,498.91	\$2,499.09	\$0.00	\$2,174.95
	<b>Subtotal:</b>	<b>\$65,498.00</b>	<b>\$62,998.91</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$62,998.91</b>	<b>\$2,499.09</b>	<b>\$0.00</b>	<b>\$3,149.96</b>
	Finishes									
13	Acoustical Ceiling Tile	\$11,600.00	\$10,440.00	\$0.00	\$0.00	\$0.00	\$10,440.00	\$1,160.00	\$0.00	\$522.00
14	Flooring	\$24,159.00	\$21,033.25	\$0.00	\$0.00	\$0.00	\$21,033.25	\$3,125.75	\$0.00	\$1,051.66
15	Interior Paneling	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00
16	Paint	\$21,000.00	\$10,300.00	\$4,250.00	\$0.00	\$0.00	\$14,550.00	\$6,450.00	\$212.50	\$727.50
	<b>Subtotal:</b>	<b>\$61,759.00</b>	<b>\$41,773.25</b>	<b>\$4,250.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$46,023.25</b>	<b>\$15,735.75</b>	<b>\$212.50</b>	<b>\$2,301.16</b>
	Specialties									
17	Restroom Accessories	\$3,164.00	\$2,847.60	\$0.00	\$0.00	\$0.00	\$2,847.60	\$316.40	\$0.00	\$142.38
18	Interior & Exterior Signage	\$15,185.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,185.00	\$0.00	\$0.00
	<b>Subtotal:</b>	<b>\$18,349.00</b>	<b>\$2,847.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,847.60</b>	<b>\$15,501.40</b>	<b>\$0.00</b>	<b>\$142.38</b>
	Equipment									
19	Fire Extinguishers	\$1,115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,115.00	\$0.00	\$0.00
	<b>Subtotal:</b>	<b>\$1,115.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,115.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	Special Construction									
20	Fire Suppression	\$31,650.00	\$28,597.50	\$2,899.88	\$0.00	\$0.00	\$31,497.38	\$182.62	\$144.98	\$1,574.87

**CONTINUATION SHEET**

APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for items may apply.

APPLICATION NO: 8  
 INVOICE NO: INV-008  
 APPLICATION DATE: 06/03/2020  
 PROJECT TO: 05/31/2020  
 PROJECT NO: 2019-003

A Item #	B Description of Work	C Scheduled Values	D Work Completed		E This Period	F Materials Presently Stored	G Total Completed and Stored To Date	H Balance to Finish	I Retainage (if Variable Rate)	J Total Retainage
			From Previous Application	From Previous Application						
	Special Construction (continued)									
	<b>Subtotal:</b>	\$31,650.00	\$28,597.50	\$2,899.88	\$0.00	\$31,497.38	\$152.62	\$144.99	\$1,574.87	
21	Mechanical									
	Plumbing	\$17,500.00	\$11,636.00	\$0.00	\$0.00	\$11,636.00	\$5,884.00	\$0.00	\$581.80	
22	H.V.A.C.	\$94,600.00	\$85,140.00	\$0.00	\$0.00	\$85,140.00	\$9,460.00	\$0.00	\$4,257.00	
	<b>Subtotal:</b>	\$112,100.00	\$96,776.00	\$0.00	\$0.00	\$96,776.00	\$15,324.00	\$0.00	\$4,838.80	
23	Electrical	\$97,500.00	\$77,355.00	\$0.00	\$0.00	\$77,355.00	\$20,145.00	\$0.00	\$3,867.75	
	<b>Subtotal:</b>	\$97,500.00	\$77,355.00	\$0.00	\$0.00	\$77,355.00	\$20,145.00	\$0.00	\$3,867.75	
	General Requirements									
24	Insurance	\$4,000.00	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$0.00	\$200.00	
25	P&P Bond	\$34,500.00	\$34,500.00	\$0.00	\$0.00	\$34,500.00	\$0.00	\$0.00	\$1,725.00	
26	Jobsite Trailer	\$6,000.00	\$4,680.00	\$480.00	\$0.00	\$5,160.00	\$840.00	\$24.00	\$258.00	
27	Temporary Utilities (Water)	\$400.00	\$312.00	\$32.00	\$0.00	\$344.00	\$56.00	\$1.60	\$17.20	
28	Temporary Electricity	\$800.00	\$391.45	\$296.55	\$0.00	\$688.00	\$112.00	\$14.83	\$34.40	
29	Temporary Telephone	\$1,600.00	\$1,248.00	\$128.00	\$0.00	\$1,376.00	\$224.00	\$6.40	\$68.80	
30	Drinking Ice & Water	\$2,400.00	\$1,248.00	\$128.00	\$0.00	\$1,376.00	\$224.00	\$6.40	\$68.80	
31	Sanitary Facilities	\$2,400.00	\$1,912.00	\$152.00	\$0.00	\$2,064.00	\$336.00	\$7.60	\$103.20	
32	Temporary Construction (Fencing & Erosion Control)	\$14,000.00	\$14,000.00	\$0.00	\$0.00	\$14,000.00	\$0.00	\$0.00	\$700.00	
33	Project Identification	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$75.00	
34	Building Permit	\$4,000.00	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$0.00	\$200.00	
35	Cleaning, Dumpster & Hauls	\$16,500.00	\$12,870.00	\$1,320.00	\$0.00	\$14,190.00	\$2,310.00	\$66.00	\$709.50	
36	Protecting Installed Construction (Flooring)	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	
37	Staffing	\$59,500.00	\$46,410.00	\$4,760.00	\$0.00	\$51,170.00	\$8,330.00	\$238.00	\$2,558.50	
	<b>Subtotal:</b>	\$148,800.00	\$127,071.45	\$7,296.55	\$0.00	\$134,368.00	\$14,432.00	\$364.83	\$6,718.40	
	Construction Fee									
38	Fee	\$55,821.00	\$43,540.38	\$4,465.68	\$0.00	\$48,006.06	\$7,814.94	\$223.28	\$2,400.31	
	<b>Subtotal:</b>	\$55,821.00	\$43,540.38	\$4,465.68	\$0.00	\$48,006.06	\$7,814.94	\$223.28	\$2,400.31	
	Owner's Contingency									
	Contingency	\$13,500.00	\$3,315.20	\$0.00	\$0.00	\$3,315.20	\$10,184.80	\$0.00	\$165.76	
	<b>Subtotal:</b>	\$13,500.00	\$3,315.20	\$0.00	\$0.00	\$3,315.20	\$10,184.80	\$0.00	\$165.76	
	Change Orders									
	<b>Subtotal:</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Grand Total:</b>	\$1,199,600.00	\$948,135.46	\$84,624.56	\$0.00	\$1,032,760.02	\$166,839.98	\$4,231.22	\$51,638.03	

Prevailing Wage Rates  
Certification Statement

Date June 18, 2020

Project  
Name Hidalgo County Precinct No. 1 Tax Office

Contract# C-181-02-26

Contractor Erickson Construction LLC

Application# 8

I, Carlos Del Angel do hereby state:  
(Name of Project Director)

1. That a payroll (form WII-347 or similar form) was submitted for contract work performed for the period covered by the attached application.
2. That a statement of compliance (form WH-347 or similar form) was submitted with the payroll.
3. The certified payroll complies with the classifications and minimum wage rates stipulated in the contract.
4. That a minimum of one interview was conducted with laborers using Form HUD-11 or similar.

  
\_\_\_\_\_  
Signature

CH CONSTRUCTION

3607 Eagle Dr  
 Mercedes  
 TX 78570

# Invoice

Date	Invoice #
5/29/2020	1652

<b>Bill To</b>
Erickson Construction Jeff Erickson 3520 Buddy Owens Blvd, McAllen tx. 78504

<b>Ship To</b>
New Tax Office Pct#1 Final Draw

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			5/29/2020			

Quantity	Item Code	Description	Price Each	Amount
		NEW TAX OFFICE PRECINT 1 Weslaco Texas 1902 Joe Stephens Avenue		
	05 Masonry	#4 Ground face CMU with integral color.		0.00
	05 Masonry	-*8" Smooth face block w/ horizontal & vertical reinforcement, w/ #5 top and bottom rebar (cont.)* "CMU on shell"		0.00
	05 Masonry	-*12" Smooth face block w/ horizontal & vertical reinforcement, w/ #5 top and bottom rebar (cont.)* "CMU on shell" @HP lobby entrance only		0.00
	05 Masonry	4x8x16 solid ground face CMU with integral color sill with 1" chamfer - slope 1/4"		0.00
	05 Masonry	3/4" Stucco cement plastering Price includes material & labor		0.00
	INVOICE		49,212.45	49,212.45

Phone #	E-mail	<b>Total</b>	\$49,212.45
956 4638805	jose Luisch@yahoo.com		





**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
 PAYROLL NO. 06 CH CONSTRUCTION FOR WEEK ENDING 03/28/2020 Mercedes Texas 78570  
 PROJECT AND LOCATION Pct #1 Tax Office, Westlaco, Texas PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS WITHHOLDING OR	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			S	M	T	W	T	F	S								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00				\$490.00		
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20				\$359.20		
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20				\$359.20		
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00				\$490.00		
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00				\$490.00		
Julian Saldana Quilantan - 9155 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00				\$490.00		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**  
We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210





**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
OMB No.: 1235-0008  
Expires: 04/30/2021  
Mercedes Texas 78570  
PROJECT OR CONTRACT NO.

PAYROLL NO. 07 FOR WEEK ENDING 04/04/2020 PROJECT AND LOCATION Pct #1 Tax Office, Weslaco, Texas

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NUMBER OF EMPLOYERS WITH WH-347	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			29/	30/	31/	1/	2/	3/	4/								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	S	M	T	W	T	F	S	40.00	\$12.25	\$490.00					\$490.00
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer								40.00	\$8.98	\$359.20					\$359.20
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer								32.00	\$8.98	\$287.36					\$287.36
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer								32.00	\$12.25	\$392.00					\$392.00
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer								30.00	\$12.25	\$367.50					\$367.50
Julian Saldana Quilantan - 9155 1099 Employee	0	A-017 Mason/Bricklayer								28.00	\$12.25	\$343.00					\$343.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

**Public Burden Statement**

Date 04/04/2020

I, Jose Luis Carlos Hernandez President  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
CH CONSTRUCTION  
(Contractor or Subcontractor) on the  
Pct #1 Tax Office  
(Building or Work); that during the payroll period commencing on the  
29 day of March, 2020, and ending the 04 day of April, 2020,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

CH CONSTRUCTION from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Jose Luis Carlos Hernandez

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
 CH CONSTRUCTION Mercedes Texas 78570  
 PAYROLL NO. 08 FOR WEEK ENDING 04/11/2020 PROJECT AND LOCATION Pct #1 Tax Office, Weslaco, Texas  
 PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF EMPLOYERS WITH HOLDING JOBS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			S	M	T	W	T	F	S								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00					\$490.00
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20					\$359.20
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$8.98	\$287.36					\$287.36
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	6.00			30.00	\$12.25	\$367.50					\$367.50
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	6.00	8.00	8.00	8.00	8.00	8.00		30.00	\$12.25	\$367.50					\$367.50
Julian Saldana Quilantan - 9155 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	6.00			30.00	\$12.25	\$367.50					\$367.50

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 04/11/2020

I, Jose Luis Carlos Hernandez (Name of Signatory Party) President (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
CH CONSTRUCTION (Contractor or Subcontractor) on the  
Pct #1 Tax Office; that during the payroll period commencing on the  
05 day of April, 2020, and ending the 11 day of April, 2020  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

CH CONSTRUCTION (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE  
Jose Luis Carlos Hernandez

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr. OMB No.: 1235-0008  
 CH CONSTRUCTION Mercedes Texas 78570 Expires: 04/30/2021  
 PROJECT OR CONTRACT NO.

PAYROLL NO. 09 FOR WEEK ENDING 04/18/2020 PROJECT AND LOCATION Pct #1 Tax Office, Weslaco, Texas

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR DEDUCTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			12	13	14	15	16	17	18								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00					\$490.00	
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20					\$359.20	
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$8.98	\$287.36					\$287.36	
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	4.00	8.00	8.00	36.00	\$12.25	\$441.00					\$441.00	
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$12.25	\$392.00					\$392.00	
Julian Saldana Quilantan - 9155 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	6.00			30.00	\$12.25	\$367.50					\$367.50	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**  
We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210



PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
CH CONSTRUCTION Mercedes Texas 78570  
PROJECT AND LOCATION  
FOR WEEK ENDING 04/25/2020 Pct #1 Tax Office, Weslaco, Texas  
PROJECT OR CONTRACT NO.  
PAYROLL NO. 10 OMB No.: 1235-0008  
Expires: 04/30/2021

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS TO EMPLOYERS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			19	20	21	22	23	24	25								
S	M	T	W	T	F	S											
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00				\$490.00	
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20				\$359.20	
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	4.00	8.00	8.00	8.00	8.00	8.00	36.00	\$8.98	\$323.28				\$323.28	
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$12.25	\$392.00				\$392.00	
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	4.00	6.00			34.00	\$12.25	\$416.50				\$416.50	
Julian Saldana Quintan - 9155 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	2.00	8.00	4.00			30.00	\$12.25	\$367.50				\$367.50	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS
11	3607 Eagle Dr. Mercedes Texas 78570
OMB No.: 1235-0008 Expires: 04/30/2021	PROJECT OR CONTRACT NO.
PROJECT AND LOCATION	
Pct #1 Tax Office, Weslaco, Texas	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) HOURS TO HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			FOR WEEK ENDING										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			05/02/2020	26	27	28	29	30	1								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00					\$490.00
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20					\$359.20
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$8.98	\$287.36					\$287.36
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	6.00				30.00	\$12.25	\$367.50					\$367.50
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	6.00	4.00	8.00	8.00	4.00			30.00	\$12.25	\$367.50					\$367.50
Julian Saldana Quilantan - 9155 1099 Employee	0	A-017 Mason/Bricklayer	4.00	4.00	6.00	8.00	8.00	8.00	30.00	\$12.25	\$367.50						\$367.50

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**  
We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210





**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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OMB No.: 1235-0008  
Expires: 04/30/2021

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
Mercedes Texas 78570 PROJECT OR CONTRACT NO.

FOR WEEK ENDING 05/09/2020 PROJECT AND LOCATION Pct #1 Tax Office, Westlaco, Texas

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR WITHHOLDING	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			3	4	5	6	7	8	9								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$12.25	\$392.00				\$392.00		
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	6.00	38.00	\$8.98	\$341.24				\$341.24			
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	32.00	\$8.98	\$287.36				\$287.36			
Reynaldo Morin - 2998 1099 Employee	0	A-017 Mason/Bricklayer	4.00	8.00	8.00	8.00	8.00	36.00	\$12.25	\$441.00				\$441.00			

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

(over)

Date 05/09/2020

I, Jose Luis Carlos Hernandez (Name of Signatory Party) President (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

CH CONSTRUCTION

(Contractor or Subcontractor) on the

Pct #1 Tax Office

; that during the payroll period commencing on the

03 day of May

2020

09 day of May

2020 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

CH CONSTRUCTION

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. Multiple empty rows.

REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

NAME AND TITLE

Jose Luis Carlos Hernandez

SIGNATURE

Handwritten signature of Jose Luis Carlos Hernandez

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
Mercedes Texas 78570  
PROJECT OR CONTRACT NO. OMB No.: 1235-0008 Expires: 04/30/2021

CH CONSTRUCTION PROJECT AND LOCATION Pct #1 Tax Office, Weslaco, Texas

FOR WEEK ENDING 05/16/2020

PAYROLL NO. 13

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NUMBER OF WITHHOLDING EMPLOYERS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			10	11	12	13	14	15	16								
S	M	T	W	T	F	S											
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	4.00		36.00	\$12.25	\$441.00					\$441.00	
Jorge Luis Hernandez - 4592 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	6.00			30.00	\$8.98	\$269.40					\$269.40	
Leonardo Saidana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	6.00	4.00		34.00	\$8.98	\$305.32					\$305.32	
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	6.00			30.00	\$12.25	\$367.50					\$367.50	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(g). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210





**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3607 Eagle Dr.  
Mercedes Texas 78570

PROJECT AND LOCATION PROJECT OR CONTRACT NO.  
Pct #1 Tax Office, Weslaco, Texas

FOR WEEK ENDING 05/23/2020

PAYROLL NO. 14 (FINAL PAYROLL)

OMB No.: 1235-0008  
Expires: 04/30/2021

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR DEDUCTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			17	18	19	20	21	22	23				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			S	M	T	W	T	F	S								
Carlos Hernandez Jr. - 4592 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$12.25	\$392.00					\$392.00	
Julian Saldana Quilantan - 9155 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$12.25	\$490.00					\$490.00	
Leonardo Saldana - 7192 1099 Employee	0	A-014 Laborer	8.00	8.00	8.00	8.00	8.00	8.00	40.00	\$8.98	\$359.20					\$359.20	
Jose Arizmendez - 9443 1099 Employee	0	A-017 Mason/Bricklayer	8.00	8.00	8.00	8.00	8.00	8.00	32.00	\$12.25	\$392.00					\$392.00	

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**Public Burden Statement**

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(over)





# AIA Document G702™ - 1992

## Application and Certificate for Payment

TO OWNER: Trickson Construction PROJECT: Hilda Co County, Pet # 1 APPLICATION NO: (2) DIST: 1  
3520 Buddy Owens Blvd. New tax office PERIOD TO: 04/20/80 to 05/24/20  
Meallen, Tx. 78504 CONTRACT FOR: Millwork ARCH: 1  
 FROM CONTRACTOR: MERIEF CABINET SHOP VIA ARCHITECT: weslaco, tx. 78596 CONTRACT DATE: 06-01-2020 CONTR: 1  
422 N. 23rd STREET PROJECT NOS: 1  
MALLEN, TEXAS 78501

### CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- ORIGINAL CONTRACT SUM ..... \$ 45,000.00
- Net change by Change Orders ..... \$ 0.00
- CONTRACT SUM TO DATE (Line 1 + 2) ..... \$ 45,000.00
- TOTAL COMPLETED & STORED TO DATE (Column G on G703) ..... \$ 31,000.00

#### 5. RETAINAGE:

- $\frac{5}{8}$  % of Completed Work, (Column D (E) on G703) ..... \$ 1,550.00
- $\frac{7}{8}$  % of Stored Material (Column F on G703) ..... \$ 0.00

Total Retainage (Lines 5a + 5b or Total in Column I of G703) ..... \$ 1,550.00

- TOTAL EARNED LESS RETAINAGE ..... \$ 29,450.00  
(Line 4 Less Line 5 Total)
- LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... \$ 12,350.00  
(Line 6 from prior Certificate)
- CURRENT PAYMENT DUE ..... \$ 17,100.00
- BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$ 15,550.00  
(Line 3 Less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this Month	\$	\$
<b>TOTALS</b>	\$	\$
NET CHANGES by Change Order	\$	\$

The undersigned Contractor certifies that to the best of the Contractor's knowledge and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor in accordance with the Contract Documents, and that current payment certificates for Payment were issued and payments received from the Owner in accordance with the Contract Documents, and the Contractor is entitled to pay the amount certified.

#### CONTRACTOR:

By ELEAZAR MENDOZA  
 State of TEXAS

County of HIDALGO

Subscribed and sworn to before me this 01st day of June 2020.  
Ricardo Ramiro Rincon  
 Notary Public

My Commission expires: 06-09-2021

Date: 06-01-2020



### ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data in this application, the Architect certifies to the Owner that to the best of the Architect's knowledge and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to pay the amount certified.

#### AMOUNT CERTIFIED

..... \$ 15,550.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on the Continuation Sheet that are changed to conform with the amount certified.)

#### ARCHITECT:

By [Signature]

Date: 06-18-2020

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the named herein. Issuance, payment and acceptance of payment are without prejudice to the Owner or Contractor under this Contract.

AIA Document G702™ - 1992. Copyright © 1955, 1965, 1971, 1979, 1983 and 1992 by The American Institute of Architects. All rights reserved. This AIA Document is published by AIA, 1735 M Street, N.W., Washington, D.C. 20036. This document is a contract form and is not to be construed as a contract. It is subject to the terms and conditions of the contract documents. It is not to be used for projects where the contract documents do not refer to it. For more information, contact the AIA Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923. For more information, contact the AIA Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923. For more information, contact the AIA Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923. For more information, contact the AIA Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923.

# CONTINUATION SHEET

AIA DOCUMENT G703 (DISBURSING TO CONTRACTOR)

Page (1) of 1

AIA DOCUMENT G703, APPLICATION AND CERTIFICATE FOR PAYMENT, Hida Go County Park #1 APPLICATION NO. (27)  
 containing Contractor's signed Certification, is attached. APPLICATION DATE 05-24-20  
 in tabulations below, amounts are stated in the nearest dollar. PERIOD TO 1902-Joe Stephens Ave.  
 Use Column 4 in Columns where variable retentions are applicable. 1902-Joe Stephens Ave. 28596 ARCHITECT'S PROJECT NO.

A	B	C	D	E	F	G	H	I	
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOTE IN D OR F)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G ÷ I)	BALANCE TO FINISH (C - G)	RETENTION (IF VARIABLE RATE)
	Mobilization	3000.00	3,000.00	0		3,000.00	100%	0	150.00
	Material	20,000.00	5,000.00	9,000.00		14,000.00	70%	6,000.00	700.00
	Labor	27,000.00	5,000.00	9,000.00		14,000.00	70%	8,000.00	700.00
		45,000.00	13,000.00	18,000.00		31,000.00	68%	14,000.00	1,550.00

AIA DOCUMENT G703 - CONDITIONAL FORM SUBJECT TO AIA'S STANDARD FORMS AND CONDITIONS OF CONTRACT. THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20006-1199

G703-1993

CAUTION: You should use an original AIA document which has this caution printed in red. An original contract that changes will not be discussed in any other documents are separate.



Date 05-31-2020

I, Elazar Mendoza (Name of Signatory Party) owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Resete Cabinet Shop (Contractor or Subcontractor) on the Pct. # 1 tax office (Building or Work); that during the payroll period commencing on the 20 day of April 2020, and ending the 26 day of April 2020, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

NAME AND TITLE SIGNATURE

Elazar Mendoza owner Elazar Mendoza

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1501 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



OMB No.: 1235-0008  
Expires: 04/30/2021

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 422 N. 23 St

Neerete Cabinet Shop

FOR WEEK ENDING 05-10-2020

Mcclellan Tx. 78501

PROJECT AND LOCATION Hilda (Co. county, Pet. # 78501

tax office, weslaco tx. 78596

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (9 D., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) CLASSIFICATION OF WORKER	(4) DAY AND DATE							(5) TOTAL HOURS WORKED EACH DAY	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
		M	T	W	T	F	S	S				PICA	WITH- HOLDING TAX	S.S.	OTHER	
Martin Escalante Jr. (5735)	Millwork A-026								40	500.00			38.25		38.25	461.75
Jose Luis Salazar (1581)	Millwork A-026								40	500.00			38.25		38.25	461.75

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.3(a). The Copeland Act (40 U.S.C. § 3145) requires contractors to submit weekly a statement to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, gathering existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing the burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3532, 205 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement



U.S. Department of Labor  
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347Instr.htm](http://www.dol.gov/whd/forms/wh347Instr.htm))



U.S. Wage and Hour Division  
Rev. Dec. 2008

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OMB No.: 1215-0008  
Expires: 04/30/2021

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **V. Regrete Cabinet Shop**

ADDRESS **422 N. 23 St.  
McAllen TX. 78501**

PAYROLL NO. **09**

FOR WEEK ENDING **05-10-2020**

PROJECT AND LOCATION **Hidalgo County Pt. I**

PROJECT OR CONTRACT NO. **Tax Office, Weslaco TX. 78596**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR CLASSIFICATION	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(6) TOTAL HOURS	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			M	T	W	T	F	S	S			FICA	WITH- HOLDING TAX	SS	OTHER	
Martinez Salazar Jr. (5735)		Millwork A-026	0	0	0	0	0	0	0	0	40	500.00	58.85	8.85	67.70	411.30
Jose Luis Salazar (1581)		Millwork A-026	0	0	0	0	0	0	0	0	40	500.00	58.85	8.85	67.70	411.30
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						
			0	0	0	0	0	0	0	0						

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. 3.3, 5.5(a). The Covered Act (29 U.S.C. 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "submit weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. 5.5(a)(2)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.



**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

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U.S. Wage and Hour Division  
Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR

ADDRESS **Negetate Cabinet Shop**

ADDRESS **422-11-23 St.**

PAYROLL NO. **10**

FOR WEEK ENDING **05-17-2020**

PROJECT AND LOCATION **Hiblo county Pet.#7**

PROJECT OR CONTRACT NO. **Tax Office, Waslaco Tx. 78596**

OMB No.: 1235-0008  
Expires: 04/30/2021

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (9 - LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) JOB TITLE OR FUNCTION	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(6) TOTAL HOURS	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			HOURS WORKED EACH DAY									FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
			M	T	W	T	F	S	S								
Martinez Calante Jr. (5735)	Millwork	A-026															
			8	8	8	8	8			40	500.00			38.25	51.75		
Jose Luis Salazar (1581)	Millwork	A-026															
			8	8	8	8	8			40	500.00			38.25	417.75		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.51(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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Public Burden Statement

Date 05-31-2020

1. Elegio Mendez (Name of Signatory Party) owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Vicrete Cabinet Shop (Contractor or Subcontractor) on the Pct. # 17 tax office; that during the payroll period commencing on the 11 day or May 2020 (Building or Work) and ending the 17 day of May 2020,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 946, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME <u>Elegio Mendez</u>	SIGNATURE <u>Elegio Mendez</u>
<u>owner</u>	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	



**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

U.S. Wage and Hour Division  
Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR

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OMB No. 1235-0008  
Expires: 04/30/2021

ADDRESS: **Negrate Cabinet Shop**  
433-n. 23 st.  
Mcallen tx. 78501

PROJECT AND LOCATION: **Walgo County Pct. #1**  
tax office, westcotx. 78576

FOR WEEK ENDING: **05-24-2020**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
		M	T	W	T	F	S	S				FICA	WITH-HOLDING TAX	SS.	OTHER	
<b>Martinez Escalante Jr.</b> (5735)	Millwork A-026	18	19	20	21	22	23	24	40	500.00		68.25			38.25	416.75
<b>Jose Luis Salazar</b> (1581)	Millwork A-026	18	19	20	21	22	23	24	40	500.00		68.25			38.25	416.75

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 6.3(a), "The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.50(n)(3)(f) require contractors to submit weekly a copy of a payroll to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement





U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division  
Rev. Dec. 2008

OMB No.: 1235-0008  
Expires: 04/30/2021

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **Negete Cabinet Shop**  
 ADDRESS **472-11-23 St. McAllen Tx, 78501**  
 PROJECT AND LOCATION **Hidalgo County Pt. #1**  
 FOR WEEK ENDING **05-31-2020**  
 PAYROLL NO. **12**  
 TAX OFFICE **Mexlaco Tx. 78596**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EMPLOYER'S IDENTIFICATION NUMBER	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS WORKED EACH DAY	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			M	T	W	T	F	S	S				FICA	WITH- HOLDING TAX	SS	OTHER	
Martin Escalante Jr. (5735)		Millwork A-026	8	8	8	8	8	8	40	500.00			SS			38.25	467.75
Jose Luis Salazar (1581)		Millwork A-026	8	8	8	8	8	8	40	500.00			SS			38.25	461.75

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement  
We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 05-31-2020

I, Elegzar Mendez (Name of Signatory Party) owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Negrete Cabinet Shop (Contractor or Subcontractor) on the Ret. # 1 tax office (Building or Work); that during the payroll period commencing on the 25 day of May 2020, and ending the 31 day of May 2020,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

(Contractor or Subcontractor) \_\_\_\_\_ from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 946, 63 Stat. 106, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(b) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS:

NAME AND SIGNATURE Elegzar Mendez

OWNER

Elegzar Mendez

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

**Invoice**

TRUE COLORS

620459

SOLD TO Erickson Construction		SHIP TO Hidalgo County Tax Office		
ADDRESS 3520 Buddy Owens		ADDRESS 1902 Joe Stephens		
CITY, STATE, ZIP McAllen, TX 78504		CITY, STATE, ZIP Weslaco, TX		
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Painting Draw			
		\$4,250.00			



# AIA Document G702™ - 1992

2511

## Application and Certificate for Payment

**TO OWNER:**  
 ERICKSON CONSTRUCTION  
 3520 BUDDY OWENS  
 MCALLEN, TX 78504

**FROM CONTRACTOR:**  
 ALLIED FIRE PROTECTION-SA, LP  
 2110 MANNIX  
 SAN ANTONIO, TX 78217

**PROJECT:**  
 HIDALGO COUNTY PCT#1 TAX OFF.  
 1902 JOE STEPHENS AVE.  
 WESLACO, TX 78596

**VIA ARCHITECT:**

**APPLICATION NO:** 4  
**PERIOD TO:** 5/31/2020  
**CONTRACT FOR:** HIDALGO COUNTY PCT#1 TAX OFF. ARCHITECT   
**CONTRACT DATE:** CONTRACTOR   
**PROJECT NOS:** 2019-003-008 / FIELD   
**INVOICE NO:** MC04104 OTHER

**Distribution to:**  
 OWNER

### CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. AIA Document G703™, Continuation Sheet, is attached.

- 1. ORIGINAL CONTRACT SUM ..... \$ 31,650.00
- 2. NET CHANGE BY CHANGE ORDERS ..... \$ 0.00
- 3. CONTRACT SUM TO DATE (Line 1 ± 2) ..... \$ 31,650.00
- 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) ..... \$ 31,650.00

#### 5. RETAINAGE:

- a. 5 % of Completed Work  
(Column D + E on G703) \$ 1,582.50
- b. 0 % of Stored Material  
(Column F on G703) \$ 0.00

Total Retainage (Lines 5a + 5b, or Total in Column I of G703) ..... \$ 1,582.50

6. TOTAL EARNED LESS RETAINAGE ..... \$ 30,067.50  
 (Line 4 minus Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... \$ 27,167.62  
 (Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE ..... \$ 2,899.88

9. BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$ 1,582.50  
 (Line 3 minus Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ 0.00	\$ 0.00
Total approved this month	\$ 0.00	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
NET CHANGES by Change Order	\$ 0.00	\$ 0.00

**CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.**

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The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

**CONTRACTOR:** ALLIED FIRE PROTECTION-SA, LP

By: [Signature] Date: 5/21/20

State of: Texas

County of: Brazoria

Subscribed and sworn to before me this

day of May

21

2020

Notary Public: [Signature]

My commission expires: 12/26/22



### ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$  
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: [Signature]

Date: 06/18/2020

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



# AIA Document G703™ - 1992

## Continuation Sheet

AIA Document G702™-1992, Application and Certificate for Payment, or G732™-2009, Application and Certificate for Payment, Construction Manager as Adviser Edition, containing Contractor's signed certification is attached.

In tabulations below, amounts are in US dollars.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 4  
 APPLICATION DATE: 5/14/2020  
 PERIOD TO: 5/31/2020  
 ARCHITECT'S PROJECT NO: 2019-003-008

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (Not in D or E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE (If variable rate)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	INTERIOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	LABOR	12,200.00	10,370.00	1,830.00	1,830.00	0.00	12,200.00	0.00	610.00
3	MATERIAL	8,150.00	6,927.50	1,222.50	1,222.50	0.00	8,150.00	0.00	407.50
4	UNDERGROUND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5	LABOR	6,800.00	6,800.00	0.00	0.00	0.00	6,800.00	0.00	340.00
6	MATERIAL	4,500.00	4,500.00	0.00	0.00	0.00	4,500.00	0.00	225.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	GRAND TOTAL	31,650.00	28,597.50	3,052.50	3,052.50	0.00	31,650.00	0.00	1,582.50

**CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.**

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Date 15-Apr-20

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

I, MEGAN SULLIVAN HR/PAYROLL  
(Name of Signatory Party) (Title)

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4@ below.

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

ALLIED FIRE PROTECTION SA, LP on the \_\_\_\_\_  
(Contractor or Subcontractor)  
HIDALGO COUNTY PCT # 1 TAX OFF.; that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work)

30 day of MARCH, 2020 and ending the 5 day of APRIL, 2020

ALLIED FIRE PROTECTION SA, LP from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. 276c), and described below:

REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4@ below.

© EXCEPTIONS

EXCEPTION (CRAFT) \_\_\_\_\_ EXPLANATION \_\_\_\_\_

NAME AND TITLE

MEGAN SULLIVAN, HR/PAYROLL

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.







Certified Payroll Register

Job  
 HIDALGO COUNTY PCT#1 TAX OFF.  
 1902 JOE STEPHENS AVE.  
 WESLACO, TX 78596

Contractor  
 ALLIED FIRE PROTECTION-SA, LP  
 2110 MANNIX  
 SAN ANTONIO, TX 78217

Customer  
 ERICKSON CONSTRUCTION  
 3520 BUDDY OWENS  
 MCALLEN, TX 78504

Job Number: MC19-041  
 Week Ending: 4/19/2020

Name / Address	Soc-Sec-No.	Hours Worked This Job							Total	Pay Rate	Gross Pay	Deductions			Net Pay					
		Mar	Exemp.	04/13	04/14	04/15	04/16	04/17				04/18	04/19	Fed.		Local	Other	Check #		
TEODORO MONSIVAIS 3215 GALA AVE. EDINBURG, TX 78539	***-**-6493 -FOREMAN Married HISPANIC Male Resident			0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	18.00	0.00	0.00	432.00	0.00	0.00	0.00	V4083	
				SPRINKLER FITTER A-018								+4.050FR		40.20		684.00		39.55		
						0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38hrs	0.00	0.00	89.15		
						0.46	1.73	1.63	1.34	34.39	1.34	34.39	1.34	34.39						
						0.00	0.00	8.00	8.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00		
ELOY SALINAS 2411 W. EXPRESSWAY 83 (MC) MISSION, TX 78572	***-**-5912 -FOREMAN Single HISPANIC Male Resident			0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	20.00	0.00	0.00	480.00	81.45	0.00	0.00	V4112	
				SPRINKLER FITTER A-018								+4.500FR		48.88		830.00		46.53		
						0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41hrs	0.00	0.00	188.29		
						5.00	5.80	34.39	1.34	1.34	46.53	5.00	1.34	1.34						
						401K	DENTAL	MEDINS	VISION	VISION	Total									
						5.00	5.80	34.39	1.34	1.34	46.53									
						48.000	912.00	0.000	0.00	912.00										
						48.000	0.00	0.00	0.00	0.00										
						48.000	912.00	0.000	0.00	912.00										
						TEXAS Residents	48.00													
						Non Residents	0.00													

ALL LABOR FOR DESIGN AND FIELD APPEARS ON THE CERTIFIED PAYROLL REPORT. IF THE EMPLOYEE IS NOT A FIELD LABOR EMPLOYEE, AS ASTERICK WILL APPEAR BY THEIR NAME. THESE EMPLOYEES SHOULD NOT BE INCLUDED IN THE CERTIFIED PAYROLL.

Date 12-Jun-20

I, MEGAN SULLIVAN (Name of Signatory Party) H/PAYROLL (Title)

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4@ below.

do hereby state: (1) That I pay or supervise the payment of the persons employed by

ALLIED FIRE PROTECTION SA, LP on the HIDALGO COUNTY PCT # 1 TAX OFF. ; that during the payroll period commencing on the 13 day of APRIL, 2020 and ending the 19 day of APRIL, 2020 (Building or Work)

EXCEPTIONS (CRAFT)

EXPLANATION

Multiple horizontal lines for listing exceptions and explanations.

ALLIED FIRE PROTECTION SA, LP from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

REMARKS:

Large rectangular area for additional remarks.

NAME AND TITLE

MEGAN SULLIVAN, HR/PAYROLL

SIGNATURE

Handwritten signature of Megan Sullivan.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4@ below.





Date 12-Jun-20

I, MEGAN SULLIVAN H/PAYROLL  
(Name of Signatory Party) (Title)

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

do hereby state:

(1) That I pay or supervise the payment of the persons employed by ALLIED FIRE PROTECTION SA, LP on the HIDALGO COUNTY PCT # 1 TAX OFF.; that during the payroll period commencing on the 20 day of APRIL, 2020 and ending the 26 day of APRIL, 2020 (Building or Work)

© EXCEPTIONS  
EXCEPTION (CRAFT) EXPLANATION

Blank lines for listing exceptions and explanations.

ALLIED FIRE PROTECTION SA, LP from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

REMARKS:

Large empty box for remarks.

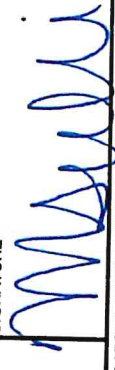
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

MEGAN SULLIVAN, HR/PAYROLL

SIGNATURE 

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4@ below.

EXCEPTIONS  
EXCEPTION (CRAFT)

EXPLANATION

Date 12-Jun-20  
I, MEGAN SULLIVAN HR/PAYROLL  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

ALLIED FIRE PROTECTION SA, LP on the  
(Contractor or Subcontractor)

HIDALGO COUNTY PCT # 1 TAX OFF.; that during the payroll period commencing on the  
(Building or Work)

27 day of APRIL, 2020 and ending the 3 day of MAY, 2020

ALLIED FIRE PROTECTION SA, LP from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 987, 76 Stat. 357, 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4@ below.

REMARKS:

[Empty box for REMARKS]

NAME AND TITLE

MEGAN SULLIVAN, HR/PAYROLL

SIGNATURE

[Handwritten signature]

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



Certified Payroll Register

**Job**  
 HIDALGO COUNTY PCT#1 TAX OFF.  
 1902 JOE STEPHENS AVE.  
 WESLACO, TX 78596

**Contractor**  
 ALLIED FIRE PROTECTION-SA, LP  
 2110 MANNIX  
 SAN ANTONIO, TX 78217

**Customer**  
 ERICKSON CONSTRUCTION  
 3520 BUDDY OWENS  
 MCALLEN, TX 78504

Job Number: MC19-041  
 Week Ending: 5/10/2020

Name / Address	Soc. Sec. No.	Hours-Worked This Job							Gross Pay This Job All Jobs	Deductions --			Total Net Pay	Check #		
		Class	Mar	Exemp.	05/04 Mon	05/05 Tue	05/06 Wed	05/07 Thu		05/08 Fri	05/09 Sat	05/10 Sun			Tot	Pay Rate
JOHN DAVIDSON 4805 W. WILSON LOT 40 HURLING, TX 78551	***-**-2834 -HELPER Single WHITE Male Resident	R:	0.000	0.000	1.000	0.000	0.000	0.000	0.000	0.000	1.000	10.000	16.15	0.00	0.00	V4398
		O:	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+2.550FR	24.80	0.00	0.00	
												+0.000FR	5.80	0.00	46.75	353.25
TEODORO MONSIVAIS 3215 GALA AVE. EDINBURG, TX 78539	***-**-6493 -FOREMAN Married HISPANIC Male Resident	R:	0.000	0.000	1.000	0.000	0.000	0.000	0.000	0.000	1.000	18.000	0.00	0.00	0.00	V4440
		O:	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+4.050FR	42.43	39.55	39.55	
												+0.000FR	9.93	0.00	628.09	628.09
															91.91	
		Deduction Amount	CH LIFE 0.46	EE LIFE 1.73	LTD 1.63	MEDINS 34.39	VISION 1.34	Total 39.55								
		Hours	Regular 2.000	Overtime 0.000	Total 2.000	Pay 28.00	0.00	28.00								
		TEXAS Residents	2.00	Non Residents	0.00											

ALL LABOR FOR DESIGN AND FIELD APPEARS ON THE CERTIFIED PAYROLL REPORT.  
 IF THE EMPLOYEE IS NOT A FIELD LABOR EMPLOYEE, AS ASTERICK WILL APPEAR BY  
 THEIR NAME. THESE EMPLOYEES SHOULD NOT BE INCLUDED IN THE CERTIFIED  
 PAYROLL.

Date 12-JUN-20

I, MEGAN SULLIVAN H/PAYROLL  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

ALLIED FIRE PROTECTION SA, LP on the \_\_\_\_\_  
(Contractor or Subcontractor)

HIDALGO COUNTY PCT # 1 TAX OFF.; that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work)

4 day of MAY, 2020 and ending the 10 day of MAY, 2020

ALLIED FIRE PROTECTION SA, LP from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4@ below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4@ below.

© EXCEPTIONS  
EXCEPTION (CRAFT) EXPLANATION

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Final Payroll

NAME AND TITLE

MEGAN SULLIVAN, HR/PAYROLL

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



## CONTRACT TIME STATEMENT

PAY APP NO. 8 CONTRACTOR Erickson Construction LLC  
 PROJECT NAME Hidalgo County Pct.1 Tax office  
 CONTRACT NO. C-18-171-02-26 OWNER Hidalgo County - Pct#1 PROJECT START DATE 8/14/2019  
 TIME COMPUTED FROM 5/1/2020 DATE WORK COMPLETED 5/31/2020

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
May	1	1		
May	2	1		
May	3	1		
May	4	1		
May	5	1		
May	6	1		
May	7	1		
May	8	1		
May	9	1		
May	10	1		
May	11	1		
May	12	1		
May	13	1		
May	14	1		
May	15	1		
May	16	1		
May	17	1		
May	18	1		
May	19	1		
May	20	1		
May	21	1		
May	22	1		
May	23	1		
May	24	1		
May	25	1		
May	26	1		
May	27	1		
May	28	1		
May	29	1		
May	30	1		
May	31	1		
<b>TOTALS</b>		<b>31</b>	<b>0</b>	

NO. OF CONTRACT WORKING DAYS 259 NO. WORKING DAYS CHARGED TO DATE 292  
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 250 TOTAL \$ 0  
 CERTIFIED AS CORRECT

  
 \_\_\_\_\_  
 ENGINEER