

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:

Hidalgo County
100 E. Cano, 2nd Floor
Edinburg TX 78539

PROJECT:

CMAR for H.C. Health Clinic Facility Construction Project
702 E. Ramon Ayala Dr.
Hidalgo, TX 78557

APPLICATION #:

Date: 1-Feb 02/02/25
Period To: 2/14/25
Job # 2144

FROM CONTRACTOR:

NM Contracting, LLC
2022 Orchid Ave.
McAllen, TX 78504

B2Z Engineering, LLC

900 S. Stewart Rd., Suite 12
Mission TX 78572

CONTRACT FOR: New Hidalgo County Health Clinic

CONTRACTOR'S APPLICATION FOR PAYMENT

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

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 therein is now due.

1. ORIGINAL CONTRACT SUM-----	\$	5,000.00
2. Net change by Change Orders-----	\$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	5,000.00
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)	\$	5,000.00
5. RETAINAGE:		
a. _____ of Completed Work (Columns D+E on Continuation Sheet)	\$	
b. _____ of Stored Material (Column F on Continuation Sheet)	\$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet-----	\$	
6. TOTAL EARNED LESS RETAINAGE----- (Line 4 less Line 5 Total)	\$	5,000.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)-----		
8. CURRENT PAYMENT DUE-----	\$	5,000.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	

CONTRACTOR:

By: _____

Date: 2/11/25

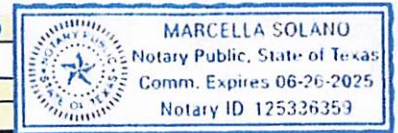
State of: Texas

County of: Hidalgo

Subscribed and sworn to before
me this 11th day of February, 2025

Notary Public: M. Solano

My Commission expires: 06/26/25



CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising 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 ----- 5,000.00

(Attach explanation if amount certified differs from the amount applied for. Attach all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Project Manager

By: _____

Date: 02/12/2025

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.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

INVOICE RECEIVED BY:
Lupita Garza ON 02/14/25
GOODS/SERVICES RECEIVED BY:
Eduardo Cantu ON 02/14/25

PO # 392741
5 - 1290-441 - 08-115-275 - 6-731
Req # 510375
\$5,000.00

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

APPLICATION NUMBER: 1-Feb

PROJECT:

APPLICATION DATE: 02/02/25

CMaR HC 01 Health Clinic

PERIOD TO: 2/14/25

Hidalgo, TX

A Item No.	B Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not In D or E)	G Total Completed And Stored To Date (D + E + F)	H % (G/C)	I Balance To Finish (C - G)	Retainage
			From Previous Application (D + E)	This Period					
1	DIVISION 1- GENERAL REQUIREMENTS								
2	Pre-Construction Services	\$5,000.00	✓	5,000.00	✓	5,000.00	100%	0.00	0.00
3						0.00	0%	0.00	0.00
4						0.00	0%	0.00	0.00
5						0.00	0%	0.00	0.00
6						0.00	0%	0.00	0.00
7						0.00	0%	0.00	0.00
8				\$0.00	\$5,000.00	\$0.00	0%	\$0.00	\$0.00
252	GRAND TOTALS	\$0.00		\$0.00	\$5,000.00	\$0.00	0%	\$0.00	\$0.00