

McAllen Health Clinic
 McAllen, Texas

APPLICATION NUMBER: 1
 APPLICATION DATE: 5/31/2025
 PERIOD FROM: 4/28/2025
 TO: 5/31/2025
 ARCHITECT'S PROJ. NO.: 24.2.23

Item No.	Description of Work	Scheduled Value	Work Completed			Total Completed and Stored To Date	% Complete	Balance to Finish	Retainage
			Previously	This Application					
				Work In Place	Stored Materials				
A	B	C	D	E	F	G	H	I	J
1	Site Work & Utilities	\$ 358,106.00		\$ 62,654.00		\$ 62,654.00		\$ 295,452.00	\$ 3,132.70
2	Foundation	\$ 122,721.00						\$ 122,721.00	
3	Structural Steel	\$ 48,850.00						\$ 48,850.00	
4	Frame Material	\$ 60,000.00						\$ 60,000.00	
5	Wood Trusses	\$ 18,500.00						\$ 18,500.00	
6	Framing Labor	\$ 40,000.00						\$ 40,000.00	
7	Roofing	\$ 55,500.00						\$ 55,500.00	
8	Sheetrock Labor & Material	\$ 4,000.00						\$ 4,000.00	
9	Suspended Acoustical Ceilings	\$ 54,000.00						\$ 54,000.00	
10	Doors Frames & Hardware	\$ 63,000.00						\$ 63,000.00	
11	Millwork	\$ 18,000.00						\$ 18,000.00	
12	Countertops	\$ 6,000.00						\$ 6,000.00	
13	Toilet Partitions	\$ 14,000.00						\$ 14,000.00	
14	Toilet Accessories	\$ 4,500.00						\$ 4,500.00	
15	Painting	\$ 44,000.00						\$ 44,000.00	
16	Flooring	\$ 36,000.00						\$ 36,000.00	
17	Brick Materials & Labor	\$ 60,000.00						\$ 60,000.00	
18	HVAC	\$ 164,571.92						\$ 164,571.92	
19	Plumbing	\$ 128,000.00						\$ 128,000.00	
20	Electrical	\$ 117,000.00						\$ 117,000.00	
21	Fire Alarm	\$ 9,000.00						\$ 9,000.00	
22	Fire Sprinkler	\$ 58,000.00						\$ 58,000.00	
23	Landscaping Allowance	\$ 40,000.00						\$ 40,000.00	
24	Trash & Cleaning								

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			Previously	This Application					
				Work In Place	Stored Materials				
A	B	C	D	E	F	G	H	I	J
25	Rental Equipment								
26	Contingency Fund	\$ 125,000.00						\$ 125,000.00	
	Field & Office Staff:								
27	Project Manager Fee	\$ 18,000.00						\$ 18,000.00	
28	Superintendent On-Site Fee	\$ 44,000.00						\$ 44,000.00	
	General Conditions:								
29	Job Office Rental								
30	Document Printing	\$ 1,000.00						\$ 1,000.00	
31	Power Consumption	\$ 1,500.00						\$ 1,500.00	
32	Temp. Sanitary Facilities	\$ 3,000.00						\$ 3,000.00	
33	Temp. Fence								
34	Erosion Control	\$ 10,500.00		\$ 5,145.00		\$ 5,145.00		\$ 5,355.00	\$ 257.25
35	Equip. Rental/Scaffolding	\$ 5,000.00						\$ 5,000.00	
36	Construction Clean-Up	\$ 5,000.00						\$ 5,000.00	
37	Final Cleaning	\$ 2,500.00						\$ 2,500.00	
38	Dumpsters	\$ 8,000.00						\$ 8,000.00	
39	Permit & Impact Fees	\$ 6,000.00						\$ 6,000.00	
	CM Insurance & Bonding:								
40	Builder's Risk Ins.	\$ 6,000.00						\$ 6,000.00	
41	General Commercial Liability	\$ 28,248.00						\$ 28,248.00	
42	Performance & Payment Bond	\$ 56,497.00						\$ 56,497.00	
43	CM Construction Fee	\$ 92,199.70						\$ 92,199.70	
	TOTAL	\$ 1,936,193.62	\$ -	\$ 67,799.00	\$ -	\$ 67,799.00		\$1,868,394.62	\$ 3,389.95

TOTAL COMMITMENT CONSTRUCTION CO., LLC

11435 N. BRYAN RD

MISSION, TX 78573

OFFICE: (956) 519-7111

TOTALCOMMITMENTLLC@YAHOO.COM

FAX: (956) 265-1178

HIDALGO COUNTY MCALLEN HEALTH CLINIC

Invoice #2025-005-01

ITEM #	ITEM DESCRIPTION	EST. QTYS	UNIT	UNIT/PRICE	TOTAL	PREVIOUS BILLING	CURRENT BILLING	QTY TO DATE	BILLED TO DATE	%
1	Erosion Control	1	LS	\$ 10,500.00	\$ 10,500.00	\$ -	\$ 5,145.00		\$ 5,145.00	49%
3	Site Prep	1	LS	\$ 13,500.00	\$ 13,500.00	\$ -	\$ 13,500.00		\$ 13,500.00	100%
4	Building Pad 3' Select Fill	1	LS	\$ 24,000.00	\$ 24,000.00	\$ -	\$ 24,000.00		\$ 24,000.00	100%
5	Water line as per plans	1	LS	\$ 57,506.00	\$ 57,506.00		\$ -		\$ -	0%
6	Sewer Line As per plans	1	LS	\$ 42,000.00	\$ 42,000.00		\$ -		\$ -	0%
7	Drainage	1	LS	\$ 53,500.00	\$ 53,500.00	\$ -	\$ 4,280.00		\$ 4,280.00	8%
8	Cynthia Road	1	LS	\$ 14,000.00	\$ 14,000.00	\$ -	\$ -		\$ -	0%
9	Dumpster Pad, Concrete Pad	1	LS	\$ 4,500.00	\$ 4,500.00		\$ -		\$ -	0%
10	Parking lot	1	LS	\$ 149,100.00	\$ 149,100.00	\$ -	\$ 20,874.00		\$ 20,874.00	14%
11				\$ -	\$ -		\$ -		\$ -	
12				\$ -	\$ -		\$ -		\$ -	
PROPOSAL TOTAL					\$ 368,606.00	\$ -	\$ 67,799.00		\$ 67,799.00	

COMPLETED TO DATE \$ **67,799.00**

\$ -

BALANCE DUE \$ 67,799.00

PROJECT NOTES

CLIENT INFORMATION
Accepted By: _____ Date _____

ARMANDO GUTIERREZ
Total Commitment Construction Co., LLC

6/6/2025
Date

CONTRACTOR TIME STATEMENT

PAY APP NO. 1 CONTRACTOR RGV Construction, LLC.
 PROJECT NAME McAllen Health Center Improvement Project
 CONTRACT NO. ARPA-24-340-352 OWNER Hidalgo Co.Pct. #2 NOTICE-TO-PROCEED 4/16/2025
 TIME COMPUTED FROM 4/16/2025 DATE WORK COMPLETED 4/30/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
April	1			
April	2			
April	3			
April	4			
April	5			
April	6			
April	7			
April	8			
April	9			
April	10			
April	11			
April	12			
April	13			
April	14			
April	15			
April	16			NTP Issued - 278 Days (Est. Completion 1/19/2026)
April	17			Mobilization
April	18			Mobilization
April	19			Mobilization
April	20			Mobilization
April	21			Mobilization
April	22			Mobilization
April	23			Mobilization
April	24			Mobilization
April	25			Mobilization
April	26	1		
April	27	1		
April	28	1		
April	29	1		
April	30	1		
TOTALS		5	0	

NO. OF CONTRACT WORKING DAYS 278 NO. WORKING DAYS CHARGED TO DATE 5
 NO. CREDITED DAYS TO DATE 0
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

CONTRACTOR TIME STATEMENT

PAY APP NO. 1 CONTRACTOR RGV Construction, LLC.
 PROJECT NAME McAllen Health Center Improvement Project
 CONTRACT NO. ARPA-24-340-352 OWNER Hidalgo Co.Pct. #2 NOTICE-TO-PROCEED 4/16/2025
 TIME COMPUTED FROM 5/1/2025 DATE WORK COMPLETED 5/31/2025

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	Memorial Day
May	27	1		
May	28	1		
May	29	1		
May	30	1		
May	31	1		
TOTALS		30	1	

NO. OF CONTRACT WORKING DAYS 278 NO. WORKING DAYS CHARGED TO DATE 35
 NO. CREDITED DAYS TO DATE 1
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0
 CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

Date July 24, 2025

Project Name McAllen Health Clinic Impr. Project CSJ# N/A

Contractor RGV Construction, LLC. Application# 1

I, David Rivera 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

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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



Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

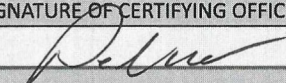
SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																			
Hidalgo County Health Clinic Mcallen				01		Total Commitment Construction CO LLC																			
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																			
529 N Cynthia St, Mcallen TX		01		04/30/2025		11435 N Bryan Rd. Mission TX 78573																			
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)		
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								T	F	S	S	M	T	W							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								24	25	26	27	28	29	30											
							HOURS WORKED EACH DAY																		
1	Gonzalez	Pablo		1931		Motor Grader Rough	ST					3.5	8.5	3	15	17	0.00	0.00	255	680	18.58	52.02	131.19	201.79	478.21
							OT								25.5										
2	Aguilar	Jesus	M	5599		Laborer common	ST					3.5	4	15	17	0.00	0.00	318.75	871.25	85.19	66.66	0.00	151.85	719.40	
							OT					4.5	3		25.5										
3	Gonzalez	Victor	M	3110		Loader Backhoe	ST					3.5	8.5	3	15	17.5	0.00	0.00	262.5	700	0.00	0.00	0.00	0.00	700.00
							OT								26.25										
							ST																		
							OT																		
							ST																		
							OT																		
							ST																		
							OT																		
							ST																		
							OT																		

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 (over)

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME										
Hidalgo County Health ClinicMcallen		01	Total Commitment Construction CO LLC										
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE										
529 N Cynthia St, Mcallen TX		04/30/2025	Armando Gutierrez - Member										
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/>	The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.												
<input type="checkbox"/>	All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.												
<input checked="" type="checkbox"/>	The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.												
<input type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.												
APPRENTICESHIP PROGRAM NAME		REGISTERED	NAME OF LABOR CLASSIFICATION										
NA		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
		<input type="checkbox"/> OA <input type="checkbox"/> SAA											
<input checked="" type="checkbox"/>	Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.												
HOURLY CREDIT FOR FRINGE BENEFITS													
<i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>													
NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/>	All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.												
ADDITIONAL REMARKS													
Victor M. Gonzalez pays his own taxes													
SIGNATURE OF CERTIFYING OFFICIAL						DATE		TELEPHONE NUMBER			EMAIL ADDRESS		
						06/20/2025		(956 __) 5 1 9 - 7 1 1 1			totalcommitmentllc@yahoo.com		
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

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U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																				
Hidalgo County Health Clinic Mcallen				02		Total Commitment Construction Co. LLC																				
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																				
529 N Cynthia St, Mcallen TX		02		05/07/2025		11435 N Bryan Rd. Mission TX 78573																				
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)			
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK	
								T	F	S	S	M	T	W							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
								1	2	3	4	5	6	7												
							HOURS WORKED EACH DAY																			
1	Gonzalez	Pablo		1931		Motorgrader Rough	ST							9	9	18	17	0.00	0.00	306.00	680.00	18.58	51.02	131.19	201.19	478.21
2	Aleman	Oscar		6290		Common Laborer	ST					2.5		18	16	0.00	0.00	412.00	1,012.00	53.57	77.43	0.00	131	881.00		
3	Gonzalez	Victor	M	3110		Loader Backhoe	ST					9		9	17.5	0.00	0.00	157.50	700.00	0.00	0.00	0.00	0.00	700.00		
							ST																			
							OT																			
							ST																			
							OT																			
							ST																			
							OT																			
							ST																			
							OT																			

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Hidalgo County Health ClinicMcallen		02	Total Commitment Construction Co. LLC
PROJECT LOCATION	WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE
529 N Cynthia St, Mcallen TX	05/07/2025		Armando Gutierrez

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED		NAME OF LABOR CLASSIFICATION
NA	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS

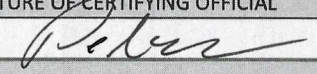
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.			
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

Victo M Gonzalez pays his own taxes

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
		(956) 5 1 9 - 7 1 1 1	totalcommitmentllc@yahoo.com

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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

McAllen Health Clinic, McAllen TX

Address:

Construction Schedule - Update 07/0:

RGV Construction, LLC. Mon, 4/28/2025
2-Jan

Sep 15, 2025	Sep 22, 2025	Sep 29, 2025	Oct 6, 2025	Oct 13, 2025	Oct 20, 2025	Oct 27, 2025	Nov 3, 2025	Nov 10, 2025	Nov 17, 2025	Nov 24, 2025	Dec 1, 2025	Dec 8, 2025	Dec 15, 2025	Dec 22, 2025	Dec 29, 2025	Jan 5, 2026	Jan 12, 2026																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Scheduled Work	START	END	DAY
			S

Building Pad	5/6/25	5/21/25	16
Utilities	5/26/25	5/30/25	5
Underground Plumbing	5/21/25	5/30/25	10
Foundation	6/16/25	6/30/25	15
Framing	7/1/25	7/24/25	24
Roofing	7/25/25	8/12/25	19
Windows	8/8/25	8/14/25	7
Mechanical Rough-in	8/20/25	8/25/25	6
Plumbing Top-Out	7/24/25	8/12/25	20
Electrical Rough-in	7/26/25	8/5/25	11
Brick Installation	8/4/25	8/22/25	19
Fire Alarm Rough-in	8/10/25	8/16/25	7
Inspections	8/25/25	8/27/25	3
Sheetrock Installation	8/28/25	9/6/25	10
Tape Float Texture & Pa	9/7/25	9/21/25	15
Acoustical Ceiling	9/22/25	10/6/25	15
Tile	9/22/25	10/12/25	21
Millwork	10/15/25	10/26/25	12
Countertops	10/27/25	11/3/25	8
Plumbing Fixtures	10/29/25	11/12/25	15
Electrical Fixtures	10/20/25	11/15/25	27
Mechanical Trim-Out	12/1/25	12/12/25	12
Fire Alarm Trim-Out	12/9/25	12/16/25	8
Sprinkler Trim-Out	12/13/25	12/16/25	4
Parking Lot	11/24/25	12/19/25	26
MEP Final Inspections	12/29/25	1/2/26	5
Landscaping	12/15/25	12/31/25	17
Building Final	1/6/26	1/9/26	4
Fire Final	1/6/26	1/9/26	4
Punchlist	1/5/26	1/6/26	2
Final Clean	1/12/26	1/16/26	5
Substantial Completion	1/16/26	1/16/26	1



P.O. BOX 720137 McAllen, TX 78504
Ph: (956)212-4114 Email: rgvconstructiunllc@gmail.com

Date: [Remove or add a date](#)

PROJECT: Hidalgo County Health Clinic - McAllen
529 N Cynthia St
McAllen, Texas 78504

Name of Subcontractor: Border Air
Contact: Eddie Villarreal
Telephone Number: (956) 778-7966

Name of Subcontractor: Cantu's Plumbing
Contact: Mark Cantu
Telephone Number: (956) 522-2946

Name of Subcontractor: J. Salazar Construction, Inc
Contact: Eliseo Gregorio
Telephone Number: (956) 376-5725

Name of Subcontractor: TreGon Framing & Construction, LLC
Contact: Nelson Gonzalez
Telephone Number: (956) 264-0093

Name of Subcontractor: CAPA
Contact:
Telephone Number: (956) 432-0600

Name of Subcontractor: FireDefense Pros LLC
Contact: Omar Anzaldua Jr
Telephone Number: (956) 457-5743

Name of Subcontractor: Russell's Glass Works
Contact: Russell Dube
Telephone Number: (956) 867-8122

Name of Subcontractor: Archie's Electric, Inc
Contact: Archie Perez
Telephone Number: (956) 778-6323

Name of Subcontractor: Total Commitment
Contact: Pedro Gutierrez
Telephone Number: (956) 519-7111

Name of Supplier: Builders First Source
Contact: Albert Flores
Telephone Number: (956) 755-0303

Name of Supplier: ACME Brick
Contact: Danny Eckhardt
Telephone Number: (210) 493-2612