

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF PAGES

TO OWNER: Hidalgo County
100 E Cano, 2nd Floor
Edinburg, TX 78539

PROJECT: Hidalgo Health Clinic
702 E Ramon Ayala Dr
Hidalgo, TX 78557

APPLICATION NO.: 2
PERIOD TO: 7/30/2025
PROJECT NOS.:

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501

VIA ARCHITECT: B2Z Engineering, LLC
900 S Stewart Rd, Suite 12
Mission, TX 78572

CONTRACT DATE:

CONTRACT FOR: Hidalgo Health Clinic

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.

1. **ORIGINAL CONTRACT SUM** \$ 1,606,185
2. **Net change by Change Orders** \$
3. **CONTRACT SUM TO DATE** (Line 1 ± 2) \$ 1,606,185
4. **TOTAL COMPLETED & STORED TO DATE** \$ 154,374.25
(Column G on G703)
5. **RETAINAGE:**
 - a. _____% of Completed Work \$ 7,718.71
(Columns D + E on G703)
 - b. _____% of Stored Material \$

Total Retainage (Line 5a + 5b or
Total in Column I of G703) \$ 7,718.71
6. **TOTAL EARNED LESS RETAINAGE** \$ 146,655.54
(Line 4 less Line 5 Total)
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT**
(Line 6 from prior Certificate) \$ 56,050.85
8. **CURRENT PAYMENT DUE** \$ 90,604.69
9. **BALANCE TO FINISH, INCLUDING RETAINAGE**
(Line 3 less Line 6) \$ 1,459,529.46

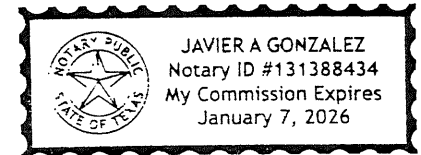
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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: BM Benchmark Construction LLC

By: _____ **Date:** 8/1/25

State of: TX
County of: Hidalgo
Subscribed and sworn to before
me this 1st day of August, 2025



Notary Public:
My Commission expires:

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 \$ 90,604.69

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

ARCHITECT: Project Manager
By: _____ **Date:** 08/12/2025

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.



Pay Application Form-Page 2

APPLICATION AND CERTIFICATION FOR PAYMENT, containing signed certification is attached.

2

7/1/25-7/31/25

In tabulations below, amounts are stated to the nearest dollar.

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

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED	G TOTAL COMPLETED TO DATE	H BALANCE TO FINISH	I RETAINAGE 5.0%
			PREVIOUS	THIS PERIOD				
			1	Site Work & Utilities				
2	Foundation	70,880.00				0.00	70,880.00	0.00
3	Structural Steel	31,970.00				0.00	31,970.00	0.00
4	Frame Materials	5,130.00				0.00	5,130.00	0.00
5	Wood Trusses	14,900.00				0.00	14,900.00	0.00
6	Framing Labor	30,000.00				0.00	30,000.00	0.00
7	Roofing	59,000.00				0.00	59,000.00	0.00
8	Sheetrock Labor & Materials	38,400.00				0.00	38,400.00	0.00
9	Suspended Acoustical Ceilings	28,700.00				0.00	28,700.00	0.00
10	Doors Frames and Hardware	45,210.00				0.00	45,210.00	0.00
11	Millwork	32,380.00				0.00	32,380.00	0.00
12	Countertops	35,020.00				0.00	35,020.00	0.00
13	Toilet Partitions	4,840.00				0.00	4,840.00	0.00
14	Toilet Accessories	1,500.00				0.00	1,500.00	0.00
15	Painting	25,830.00				0.00	25,830.00	0.00
16	Flooring	37,200.00				0.00	37,200.00	0.00

17	Brick Materials & Labor	61,340.00				0.00	61,340.00	0.00
18	HVAC	148,700.00				0.00	148,700.00	0.00
19	Plumbing	145,500.00				0.00	145,500.00	0.00
20	Electrical	159,000.00				0.00	159,000.00	0.00
21	Fire Alarm	6,800.00				0.00	6,800.00	0.00
22	Fire Sprinkler	77,350.00				0.00	77,350.00	0.00
23	Landscape Allowance	16,600.00				0.00	16,600.00	0.00
24	Trash Cleaning	6,000.00				0.00	6,000.00	0.00
25	Rental Equipment	10,000.00				0.00	10,000.00	0.00
26	Contingency Allowance	100,000.00				0.00	100,000.00	0.00
27	Project Manager Fee	25,000.00		6,000.00		6,000.00	19,000.00	300.00
28	Project Superintendent on Site Fee	39,400.00		4,800.00		4,800.00	34,600.00	240.00
29	Document Printing (Large Plans Printouts)	500.00		500.00		500.00	0.00	25.00
30	Power Consumption	7,000.00				0.00	7,000.00	0.00
31	Temp Sanitary Facilities	2,000.00				0.00	2,000.00	0.00
32	Temp Fencing	1,500.00	1,500.00			1,500.00	0.00	75.00
33	Erosion Control	3,250.00	3,250.00			3,250.00	0.00	162.50
34	Equipment Rental/Scaffolding	30,000.00				0.00	30,000.00	0.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00				0.00	7,200.00	0.00
36	Final Cleaning	2,000.00				0.00	2,000.00	0.00
37	Dumpster	6,000.00				0.00	6,000.00	0.00
38	Permit & Impact Fees	9,000.00				0.00	9,000.00	0.00

39	Builders Risk Insurance	15,000.00				0.00	15,000.00	0.00
40	General Commercial Liability	27,000.00				0.00	27,000.00	0.00
41	Payment & Performance Bond	37,500.00	37,500.00			37,500.00	0.00	1,875.00
42	CM Construction Fee	76,485.00		3,824.25		3,824.25	72,660.75	191.21
						0.00	0.00	0.00
SUBTOTAL COSTS:		1,606,185.00	59,000.89	95,373.36	0.00	154,374.25	1,451,810.75	7,718.71



INVOICE

2

31 July 2025

Benchmark Construction

2

PAYMENT DUE BY:

Sant Construction LLC
809 W. La Quinta Dr
Pharr Tx 78577

QUANTITY	DETAILS	Column1	LINE TOTAL
	Building Pad Cut And Fill		\$80,249.11
		Net Total	\$80,249.11

	\$80,249.11
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PAYMENT DETAILS

Payment Reference: 2

OTHER INFORMATION

CONTRACTOR TIME STATEMENT

PAY APP NO. 2 CONTRACTOR BM Benchmark Construction, LLC.
 PROJECT NAME Hidalgo Health Clinic - CMAR
 CONTRACT NO. ARPA 22-340-088 OWNER Hidalgo County - Pct. #2 NOTICE-TO-PROCEED 6/4/2025
 TIME COMPUTED FROM 7/1/2025 DATE WORK COMPLETED 7/31/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
July	1	1		
July	2	1		
July	3	1		
July	4		1	Holiday - July 4, 2025
July	5	1		
July	6	1		
July	7		1	Rain Day
July	8	1		
July	9	1		
July	10	1		
July	11	1		
July	12	1		
July	13	1		
July	14	1		
July	15	1		
July	16	1		
July	17	1		
July	18	1		
July	19	1		
July	20	1		
July	21	1		
July	22	1		
July	23	1		
July	24	1		
July	25	1		
July	26	1		
July	27	1		
July	28	1		
July	29	1		
July	30	1		
July	31	1		
TOTALS		29	2	

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 44
 NO. CREDITED DAYS TO DATE 14
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0

CERTIFIED AS CORRECT



 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

Date August 12, 2025

Project ARPA 22-340-088
Name CMAR Hidalgo Health Clinic Facility
Ramon Ayala Drive, Hidalgo TX

CSJ# N/A

Contractor BM Benchmark Construction, LLC.

Application# 2

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BM Benchmark Construction LLC	ADDRESS 119 N 17th St Mcallen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 1	FOR WEEK ENDING 07/05/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				6/29	6/30	7/1	7/2	7/3	7/4	7/5									
HOURS WORKED EACH DAY																			
Javier Gonzalez 6313		Project Manager	o									/	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,500.00
			s		8.00	8.00	8.00	8.00	8.00		40.00								
Liborio Garza Jr 5634		Project Supervisor	o									/	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00		40.00								
			o									/							
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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

DOL WH-348 | Statement of Compliance

Date July 5, 2025

I, George Boghs Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

BM Benchmark Construction LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)

29th day of June, 2025, and ending the 5th day of July, 2025,

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

BM Benchmark Construction LLC 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 George Boghs-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



WAGE AND HOUR DIVISION
Revised December 2008

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NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BM Benchmark Construction LLC	ADDRESS 119 N 17th St Mcallen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 2	FOR WEEK ENDING 07/12/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	O R S	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS				
				7/6	7/7	7/8	7/9	7/10	7/11	7/12				HOURS WORKED EACH DAY							
Javier Gonzalez 6313		Project Manager	O									40.00	37.50	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00
			S		8.00	8.00	8.00	8.00	8.00												
Liborio Garza Jr 5634		Project Supervisor	O									40.00	30.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
			S		8.00	8.00	8.00	8.00	8.00												
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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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DOL WH-348 | Statement of Compliance

Date July 12, 2025

I, George Boghs Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction LLC on the
 (Contractor or Subcontractor)
Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
6th day of July, 2025, and ending the 12th day of July, 2025,

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

BM Benchmark Construction LLC 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 George Boghs-Owner	SIGNATURE 
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DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BM Benchmark Construction LLC	ADDRESS 119 N 17th St Mcallen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 3	FOR WEEK ENDING 07/19/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				7/13	7/14	7/15	7/16	7/17	7/18	7/19				HOURS WORKED EACH DAY					
Javier Gonzalez 6313		Project Manager	o									\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,500.00
				s	8.00	8.00	8.00	8.00	8.00	8.00	40.00								
Liborio Garza Jr 5634		Project Supervisor	o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
				s	8.00	8.00	8.00	8.00	8.00	8.00	40.00								
			o									/							
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Public Burden Statement
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DOL WH-348 | Statement of Compliance

Date July 19, 2025

I, George Boghs Owner
 (Name of Signatory Party) (Title)

do hereby state:

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

BM Benchmark Construction LLC on the

(Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the

(Building or Work)

13th day of July, 2025, and ending the 19th day of July, 2025,

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

BM Benchmark Construction LLC 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 George Boghs-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> BM Benchmark Construction LLC	ADDRESS 119 N 17th St Mcallen, TX 78501	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO. 4	FOR WEEK ENDING 07/26/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 E Ramon Ayala Hidalgo, TX 78557	PROJECT OR CONTRACT NO. ARPA-22-340-088M
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	C O N T R A C T I O N I D E N T I F I C A T I O N	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK			
				S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX		OTHER	TOTAL DEDUCTIONS				
				7/20	7/21	7/22	7/23	7/24	7/25	7/26				HOURS WORKED EACH DAY								
Javier Gonzalez 6313		Project Manager	O									40.00	37.50	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,500.00	
				S	8.00	8.00	8.00	8.00	8.00													
Liborio Garza Jr 5634		Project Supervisor	O									40.00	30.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00	
				S	8.00	8.00	8.00	8.00	8.00													
			O											/								
				S																		
			O											/								
				S																		
			O											/								
				S																		
			O											/								
				S																		
			O											/								
				S																		

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

DOL WH-348 | Statement of Compliance

Date July 26, 2025

I, George Boghs Owner
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
BM Benchmark Construction LLC on the
 (Contractor or Subcontractor)

Hidalgo Health Clinic; that during the payroll period commencing on the
 (Building or Work)
20th day of July, 2025, and ending the 26th day of July, 2025,

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

BM Benchmark Construction LLC 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 George Boghs-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>



WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Sant Construction LLC	ADDRESS 809 La Quinta Dr Pharr, TX 78577	OMB No. 1235-0008 Expires 09/30/2026
PAYROLL NO. 4	FOR WEEK ENDING 07/05/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557
		PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING 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	
			OT OR SL.	S	M	T	W	T	F				S	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				6/29	6/30	7/1	7/2	7/3	7/4				7/5						
			HOURS WORKED EACH DAY																
Robert Solis 1001		Excavator Operator	o									/	\$1,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,400.00
			s		8.00	8.00	8.00	8.00	8.00	8.00	40.00								
Juan Ramirez 1002		Operator (Roller)	o									/	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00	40.00	30.00								
Raul Perales 1003		Operator (Roller)	o									/	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00	40.00	30.00								
			o									/							
			s									/							
			o									/							
			s									/							
			o									/							
			s									/							
			o									/							
			s									/							

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

DOL WH-348 | Statement of Compliance

July 5, 2025

Albert Solis

Owner

(Title)

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

Sant Construction LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic; that during the payroll period commencing on the

(Building or Work)

29th day of June, 2025, and ending the 5th day of July, 2025,

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

Sant Construction LLC

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.

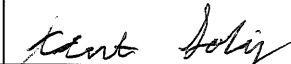
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE
Albert Solis-Owner

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.	
Sant Construction LLC		809 La Quinta Dr Pharr, TX 78577		Hidalgo Health Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557		ARPA-22-340-088M	
PAYROLL NO. 5		FOR WEEK ENDING 07/12/2025					
						OMB No. 1235-0008 Expires 09/30/2026	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				7/6	7/7	7/8	7/9	7/10	7/11	7/12				HOURS WORKED EACH DAY					
Robert Solis 1001		Excavator Operator	o									\$1,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,400.00
			s		8.00	8.00	8.00	8.00	8.00		40.00								
Juan Ramirez 1002		Operator (Roller)	o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00		40.00								
Raul Perales 1003		Operator (Roller)	o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s		8.00	8.00	8.00	8.00	8.00		40.00								
			o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s																
			o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s																
			o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s																
			o									\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$1,200.00
			s																

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

DOL WH-348 | Statement of Compliance

July 12, 2025

Albert Solis

Owner

(Title)

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

Sant Construction LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic

(Building or Work)

6th day of July, 2025, and ending the 12th day of July, 2025,

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

Sant Construction LLC

(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 Albert Solis-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Sant Construction LLC		809 La Quinta Dr Pharr, TX 78577			
PAYROLL NO. 6	FOR WEEK ENDING 07/19/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557		PROJECT OR CONTRACT NO. ARPA-22-340-088M	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING 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	
			OT OR ST.	S	M	T	W	T	F				S	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				7/13	7/14	7/15	7/16	7/17	7/18				7/19						HOURS WORKED EACH DAY
Robert Solis 1001		Excavator Operator	o																
			s		8.00	8.00	8.00	8.00	8.00	8.00		40.00	35.00	\$1,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Juan Ramirez 1002		Operator (Roller)	o																
			s		8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Raul Perales 1003		Operator (Roller)	o																
			s		8.00	8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			o																
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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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DOL WH-348 | Statement of Compliance

July 19, 2025

Albert Solis

Owner

(Title)

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

Sant Construction LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic; that during the payroll period commencing on the

(Building or Work)

13th day of July, 2025, and ending the 19th day of July, 2025,

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

Sant Construction LLC

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 Albert Solis-Owner	SIGNATURE 
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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.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Sant Construction LLC		809 La Quinta Dr Pharr, TX 78577			
PAYROLL NO. 7	FOR WEEK ENDING 07/26/2025	PROJECT AND LOCATION Hidalgo Health Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557		PROJECT OR CONTRACT NO. ARPA-22-340-088M	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				7/20	7/21	7/22	7/23	7/24	7/25	7/26				HOURS WORKED EACH DAY						
Robert Solis 1001		Excavator Operator	O									40.00	35.00	\$1,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,400.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Juan Ramirez 1002		Operator (Roller)	O									40.00	30.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
Raul Perales 1003		Operator (Roller)	O									40.00	30.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
			S	8.00	8.00	8.00	8.00	8.00	8.00											
			O											/						
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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

DOL WH-348 | Statement of Compliance

July 26, 2025

Albert Solis

Owner

(Title)

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

Sant Construction LLC

(Contractor or Subcontractor) on the

Hidalgo Health Clinic

(Building or Work); that during the payroll period commencing on the

20th day of July, 2025, and ending the 26th day of July, 2025,

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

Sant Construction LLC

(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.

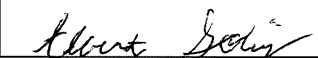
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— 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 Albert Solis-Owner	SIGNATURE 
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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.