



McAllen Health Clinic  
 McAllen, Texas

APPLICATION NUMBER: 3  
 APPLICATION DATE: 8/20/2025  
 PERIOD FROM: 7/1/2025  
 TO: 7/31/2025

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	\$ 113,276.10	\$ 76,265.60		\$ 189,541.70		\$ 168,564.30	\$ 9,477.09
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	\$ 25,600.00			\$ 25,600.00		\$ 102,400.00	\$ 1,280.00
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								



# 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 #2025-005-03

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	\$ 5,355.00		\$ 10,500.00	100%
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	\$ 20,127.10	\$ 34,503.60		\$ 54,630.70	95%
6	Sewer Line As per plans	1	LS	\$ 42,000.00	\$ 42,000.00		\$ 12,600.00		\$ 12,600.00	30%
7	Drainage	1	LS	\$ 53,500.00	\$ 53,500.00	\$ 34,775.00	\$ 18,725.00		\$ 53,500.00	100%
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	\$ 10,437.00		\$ 31,311.00	21%
	<b>CHANGE ORDER</b>									
	4 45's 8" Water Line Deflection due to gas line conflict. Up to approx. 80' in length with potential replacement of sidewalks. 2 8" Shut-Off Valves per City of McAllen.	1	LS	\$ 17,200.00	\$ 17,200.00		\$ 8,600.00		\$ 8,600.00	50%
	<b>PROPOSAL TOTAL</b>				\$ 385,806.00	\$ 118,421.10	\$ 90,220.60		\$ 208,641.00	

COMPLETED TO DATE    \$            208,641.00

\$                                    -

**BALANCE DUE    \$            90,220.60**

<b>PROJECT NOTES</b>

<b>CLIENT INFORMATION</b>
Accepted By: _____ Date _____

ARMANDO GUTIERREZ  
Total Commitment Construction Co., LLC

8/19/2025  
Date



Raul E. Sesin, P.E., C.F.M.  
HCDD No. 1 - General Manager

## CONTRACTOR TIME STATEMENT

PAY APP NO. \_\_\_\_\_ 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 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	Field conditions to muddy due to rain
July	2		1	Field conditions to muddy due to rain
July	3		1	Field conditions to muddy due to rain
July	4		1	Holiday - 4th of July
July	5	1		
July	6	1		
July	7	1		
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		
<b>TOTALS</b>		<b>27</b>	<b>4</b>	

NO. OF CONTRACT WORKING DAYS 278 NO. WORKING DAYS CHARGED TO DATE 91  
 NO. CREDITED DAYS TO DATE 6  
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0  
 CERTIFIED AS CORRECT

  
 \_\_\_\_\_  
 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates  
Certification Statement

Date September 4, 2025

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

Contractor RGV Construction, LLC. Application# 3

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



PROJECT NAME <b>Hidalgo County Health Clinic Mcallen</b>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <b>14</b>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>	WEEK ENDING DATE <b>07/30/2025</b>	CERTIFYING OFFICIAL'S NAME AND TITLE <b>Armando Gutierrez</b>	

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.

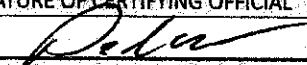
**HOURLY CREDIT FOR FRINGE BENEFITS**

*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		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	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		
	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  
Pablo Gonzalez is Salary

SIGNATURE OF CERTIFYING OFFICIAL 	DATE <b>8/01/25</b>	TELEPHONE NUMBER <b>(956) 519-7111</b>	EMAIL ADDRESS <b>totalcommitmentllc@yahoo.com</b>
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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), 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.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Hidalgo County Health ClinicMcallen		14	Total Commitment Construction Co. LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St, Mcallen TX	07/30/2025	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.
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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		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	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	
	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  
Pablo Gonzalez is Salary

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
		( 956 ) 519 - 7111	totalcommitmentllc@yahoo.com

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# Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://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 <b>Hidalgo County Health Clinic Mcallen</b>			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. <b>13</b>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>																	
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>			WAGE DETERMINATION NO.			WEEK ENDING DATE <b>07/23/2025</b>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <b>11435 N Bryan Rd. Mission TX 78573</b>																	
(1A) WORKER ENTRY NO.	(1B) WORKER LAST NAME	(1C) WORKER FIRST NAME	(1D) WORKER MIDDLE INITIAL	(1E) WORKER IDENTIFYING NO.	(2) (J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	(3) LABOR CLASSIFICATION	(4) (TOP) DAYS OF WORK WEEK (BOTTOM) DATES							(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE PAID FOR ST AND OT	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK				(9) NET PAY TO WORKER FOR ALL WORK		
							ST = STRAIGHT TIME OT = OVERTIME	T	F	S	S	M	T							W	TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS	
								HOURS WORKED EACH DAY																		
1	Aguilar	Jesus	M	5599		Backhoe/Excavator	ST		5				8	1.5	14.5	17			412.25	845.75	82.13	64.69		146.82	698.93	
							OT								6.5	6.5	25.5									
2	Aleman	Oscar		6290		Laborer Utility	ST						9	4.5	13.5	16				324	748	22.68	57.23		79.91	668.09
							OT							4.5	4.5	24										
3	Torres	Jose	A	2367		Laborer Utility	ST						9		9	15										
							OT												135	723.75	0.26	55.37		55.63	668.12	
4	Villanueva	Adan		5123		Laborer Utility	ST						9		9	14										
							OT												126	525	23.80	40.16		63.96	461.04	
							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)

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	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

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**HOURLY CREDIT FOR FRINGE BENEFITS**

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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.	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			
	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	\$	\$
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	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
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	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

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	7/24/25	(956) 519-7111	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.

PROJECT NAME <b>Hidalgo County Health ClinicMcallen</b>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <b>13</b>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>		WEEK ENDING DATE <b>07/23/2025</b>	CERTIFYING OFFICIAL'S NAME AND TITLE <b>Armando Gutierrez</b>

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
<b>NA</b>	<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		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	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	
	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

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
		( 956 ) 519 - 7111	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.



PROJECT NAME <b>Hidalgo County Health Clinic Mcallen</b>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <b>12</b>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>	WEEK ENDING DATE <b>07/16/2025</b>	CERTIFYING OFFICIAL'S NAME AND TITLE <b>Armando Gutierrez</b>	

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		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	\$	\$

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

No work this week

SIGNATURE OF CERTIFYING OFFICIAL 	DATE <b>7/17/25</b>	TELEPHONE NUMBER <b>(956) 519-7111</b>	EMAIL ADDRESS <b>totalcommitmentllc@yahoo.com</b>
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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), 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.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Hidalgo County Health ClinicMcallen		12	Total Commitment Construction Co. LLC
PROJECT LOCATION		WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
529 N Cynthia St, Mcallen TX		07/16/2025	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.
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- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
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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		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	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	
	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

No work this week

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
		( 956 ) 519 - 7111	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](http://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.



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 <b>Hidalgo County Health Clinic Mcallen</b>			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. <b>11</b>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>																	
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>			WAGE DETERMINATION NO. <b>09</b>			WEEK ENDING DATE <b>07/09/2025</b>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <b>11435 N Bryan Rd. Mission TX 78573</b>																	
(1A) WORKER ENTRY NO.	(1B) WORKER LAST NAME	(1C) WORKER FIRST NAME	(1D) WORKER MIDDLE INITIAL	(1E) WORKER IDENTIFYING NO.	(2) (J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	(3) LABOR CLASSIFICATION	(4)							(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE PAID FOR ST AND OT	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK				(9) NET PAY TO WORKER FOR ALL WORK		
							ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES												TOTAL HOURS WORKED FOR WEEK	TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS	
								T	F	S	S	M	T													W
							HOURS WORKED EACH DAY																			
1	Tello	Alonso		8261		Laborer Utility	ST					8.5	5.5	2.5	16.5	16	0.00	0.00	264.00	264.00	0.00	0.00	0.00	0.00	264.00	
							OT																			
2	Tello	Jose	R	5020		Laborer Utility	ST					8.5	5.5	2.5	16.5	16	0.00	0.00	264.00	264.00	0.00	0.00	0.00	0.00	264.00	
							OT																			
3	Gaytan	Ryan	D	5825		Loader/ Backhoe	ST					8.5	5.5	2.5	16.5	16	0.00	0.00	264.00	264.00	0.00	0.00	0.00	0.00	264.00	
							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 Clinic Mcallen		11	Total Commitment Construction Co. LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St, Mcallen TX	07/09/2025	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.

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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		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	\$	\$

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

Employees pay their own taxes

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
		( 956 ) 519 - 7111	totalcommitmentllc@yahoo.com

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Hidalgo County Health Clinic Mcallen		11	Total Commitment Construction Co. LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St, Mcallen TX	07/09/2025	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.

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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.

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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 \$	\$
	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

Employees pay their own taxes

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	7/14/2025	(956-) 519-7111	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](http://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 <b>Hidalgo County Health Clinic Mcallen</b>			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. <b>10</b>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>																	
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>			WAGE DETERMINATION NO.			WEEK ENDING DATE <b>07/02/2025</b>			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <b>11435 N Bryan Rd. Mission TX 78573</b>																	
(1A) WORKER ENTRY NO.	(1B) WORKER LAST NAME	(1C) WORKER FIRST NAME	(1D) WORKER MIDDLE INITIAL	(1E) WORKER IDENTIFYING NO.	(2) (J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	(3) LABOR CLASSIFICATION	(4)							(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE PAID FOR ST AND OT	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK				(9) NET PAY TO WORKER FOR ALL WORK		
							ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES												HOURS WORKED EACH DAY	TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS	
								T	F	S	S	M	T													W
1	Tello	Alonso		8261		Laborer Utility	ST	10	7								16	0.00	0.00	272.00	272.00	0.00	0.00	0.00	0.00	272.00
2	Rodriguez	Ismael		7607		Laborer Utility	ST	9	7								16	0.00	0.00	256.00	256.00	0.00	0.00	0.00	0.00	256.00
3	Trinidad	Ricardo		2019		Loader/ Backhoe	ST	9	7								16	0.00	0.00	256.00	256.00	0.00	0.00	0.00	0.00	256.00
4	Rodriguez	Jose	G	2024		Laborer Utility	ST	9	7								16	0.00	0.00	256.00	256.00	0.00	0.00	0.00	0.00	256.00
							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 <b>Hidalgo County Health Clinic Mcallen</b>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <b>10</b>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <b>Total Commitment Construction Co. LLC</b>
PROJECT LOCATION <b>529 N Cynthia St, Mcallen TX</b>	WEEK ENDING DATE <b>07/02/2025</b>	CERTIFYING OFFICIAL'S NAME AND TITLE <b>Armando Gutierrez</b>	

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.

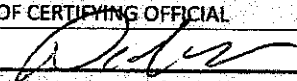
**HOURLY CREDIT FOR FRINGE BENEFITS**

*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	TOTAL HOURLY CREDIT
	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	
	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  
**Employees pay their own taxes**

SIGNATURE OF CERTIFYING OFFICIAL 	DATE <b>7/03/25</b>	TELEPHONE NUMBER <b>(956) 519-7111</b>	EMAIL ADDRESS <b>totalcommitmentllc@yahoo.com</b>
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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), 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.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Hidalgo County Health ClinicMcallen		10	Total Commitment Construction Co. LLC
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
529 N Cynthia St, Mcallen TX	07/02/2025	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.
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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		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	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	
	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

Employees pay their own taxes

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
		( 956 ) 519 - 7111	totalcommitmentllc@yahoo.com

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