

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Revised PA #3 - 9/24/2025

PAGE ONE OF 3 PAGES

TO (OWNER): The County of Hidalgo
2812 S. Bus. Hwy 281
Edinburg, TX 78539

PROJECT: McAllen Health Clinic
529 N. Cynthia St.
McAllen, TX 78501

APPLICATION NO. 3
PERIOD TO: 7/31/2025

Distribution To:	
x	Owner
x	Architect
x	Contractor

FROM: (GC) RGV Construction, LLC
PO Box 720137
McAllen, TX 78504

VIA (ARCH): B2Z Engineering, LLC
900 S. Stewart Rd., Ste 4
Mission, TX 78572

PROJECT NO.: 24.2.23

CONTRACT FOR: McAllen Health Clinic

CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY

Change Orders approved in Previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
TOTALS		-	-
Net change by Change Orders			-

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

CONTRACTOR:

By: 

Date: 9-24-25

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

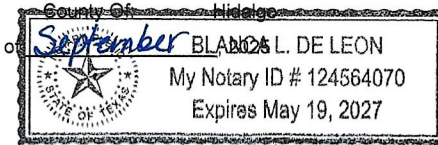
1. ORIGINAL CONTRACT SUM	\$ 1,936,193.62
2. NET CHANGE BY CHANGE ORDERS	\$ -
3. CONTRACT SUM TO DATE	\$ 1,936,193.62
4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703)	\$ 297,138.70
5. RETAINAGE	
a. 5 % of Completed Work (Column D + E G703)	\$ 14,856.94
b. 5 % of Stored Material (Column F on G703)	_____
Total Retainage (Line 5a + 5b or Total in Column I G703)	\$ 14,856.94
6. TOTAL EARNED LESS RETAINAGE	\$ 282,281.76
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 190,492.19
8. CURRENT PAYMENT DUE	\$ 91,789.57
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less line 6)	\$ 1,653,911.86

State of: Texas

Subscribed and sworn to before me this 24 day of September

Notary Public: Blanca L. De Leon

My Commission Expires: May 19, 2027



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 \$ 91,789.57

(Attach explanation if amount certified differs from the amount applied for.)

Project Manager:

By: 

Date: 09/24/2025

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.

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					
A	B	C	D	Work In Place E	Stored Materials 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	96%
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%
CHANGE ORDER										
PROPOSAL TOTAL							\$81,620.60			

COMPLETED TO DATE \$ 200,041.70

BALANCE DUE \$ 81,620.60

PROJECT NOTES

CLIENT INFORMATION
Accepted By: _____
Date _____

ARMANDO GUTIERREZ
 Total Commitment Construction Co., LLC

 8/19/2025
 Date

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		
TOTALS		27	4	

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

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

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

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

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

HOURLY CREDIT FOR FRINGE BENEFITS

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

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		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 8/01/25	TELEPHONE NUMBER (956) 519-7111	EMAIL ADDRESS totalcommitmentllc@yahoo.com
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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.
- 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	\$	\$
	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

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)



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 Hidalgo County Health Clinic Mcallen			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. 13			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Total Commitment Construction Co. LLC																	
PROJECT LOCATION 529 N Cynthia St, Mcallen TX			WAGE DETERMINATION NO.			WEEK ENDING DATE 07/23/2025			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS 11435 N Bryan Rd. Mission TX 78573																	
(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	
								17	18	19	20	21	22							23						
							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																			
							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 Hidalgo County Health ClinicMcallen	PROJECT NO. or CONTRACT NO.	PAYROLL NO. 13	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Total Commitment Construction Co. LLC
PROJECT LOCATION 529 N Cynthia St, Mcallen TX	WEEK ENDING DATE 07/23/2025	CERTIFYING OFFICIAL'S NAME AND TITLE Armando Gutierrez	

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

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

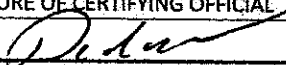
HOURLY CREDIT FOR FRINGE BENEFITS

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

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	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	\$	\$
Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	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 7/24/25	TELEPHONE NUMBER (956) 519-7111	EMAIL ADDRESS totalcommitmentllc@yahoo.com
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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 Hidalgo County Health ClinicMcallen	PROJECT NO. or CONTRACT NO.	PAYROLL NO. 13	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Total Commitment Construction Co. LLC
PROJECT LOCATION 529 N Cynthia St, Mcallen TX		WEEK ENDING DATE 07/23/2025	CERTIFYING OFFICIAL'S NAME AND TITLE Armando Gutierrez

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

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

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

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

HOURLY CREDIT FOR FRINGE BENEFITS

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

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

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

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

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

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

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

HOURLY CREDIT FOR FRINGE BENEFITS

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

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		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 7/17/25	TELEPHONE NUMBER (956) 519-7111	EMAIL ADDRESS totalcommitmentllc@yahoo.com
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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 Clinic Mcallen		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.
- 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	\$	\$
	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)

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 Hidalgo County Health Clinic Mcallen			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. 11			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Total Commitment Construction Co. LLC																		
PROJECT LOCATION 529 N Cynthia St, Mcallen TX			WAGE DETERMINATION NO. 09			WEEK ENDING DATE 07/09/2025			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS 11435 N Bryan Rd. Mission TX 78573																		
(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			
							(TOP) DAYS OF WORK WEEK (BOTTOM) DATES													(9)							
							T	F	S	S	M	T	W							T	F	S	S		M	T	W
ST = STRAIGHT TIME OT = OVERTIME							HOURS WORKED EACH DAY																				
1	Tello	Alonso		8261		Laborer Utility	ST				8.5	5.5	2.5				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	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	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																				
							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.

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

Employees pay their own taxes

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	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.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

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

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

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

HOURLY CREDIT FOR FRINGE BENEFITS

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

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

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 Hidalgo County Health Clinic Mcallen			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO. 10			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Total Commitment Construction Co. LLC																			
PROJECT LOCATION 529 N Cynthia St, Mcallen TX			WAGE DETERMINATION NO.			WEEK ENDING DATE 07/02/2025			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS 11435 N Bryan Rd. Mission TX 78573																			
(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				
							(TOP) DAYS OF WORK WEEK (BOTTOM) DATES													(9)								
							T	F	S	S	M	T	W							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS					
ST = STRAIGHT TIME							26	27	28	29	30	01	02	HOURS WORKED EACH DAY														
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	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	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	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	0.00	256.00	
							OT																					
							ST																					
							OT																					
							ST																					
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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 Hidalgo County Health Clinic Mcallen	PROJECT NO. or CONTRACT NO.	PAYROLL NO. 10	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Total Commitment Construction Co. LLC
PROJECT LOCATION 529 N Cynthia St, Mcallen TX	WEEK ENDING DATE 07/02/2025	CERTIFYING OFFICIAL'S NAME AND TITLE Armando Gutierrez	

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

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

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

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

HOURLY CREDIT FOR FRINGE BENEFITS

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

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	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 7/03/25	TELEPHONE NUMBER (956) 519-7111	EMAIL ADDRESS totalcommitmentllc@yahoo.com
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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.
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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

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.