

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

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

APPLICATION NO.: 3  
 PERIOD TO: 8/30/25  
 PROJECT NOS: ARCHITECT  
 CONTRACTOR

Distribution to:  
 OWNER  
 ARCHITECT  
 CONTRACTOR

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

CONTRACT FOR: Hidalgo Health Clinic

CONTRACTOR: BM Benchmark Construction LLC

CONTRACT DATE: ARPA-22-340-088

**CONTRACTOR'S APPLICATION FOR PAYMENT**  
 Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM ..... \$ 1,606,185.00

2. Net change by Change Orders ..... \$ \_\_\_\_\_

3. CONTRACT SUM TO DATE (Line 1 + 2) ..... \$ 1,606,185.00

4. TOTAL COMPLETED & STORED TO DATE ..... \$ 280,064.25  
 (Column G on G703)

5. RETAINAGE:  
 a. \_\_\_\_\_ % of Completed Work \$ 14,003.21  
 (Columns D + E on G703)  
 b. \_\_\_\_\_ % of Stored Material \$ \_\_\_\_\_  
 (Column F on G703)  
 Total Retainage (Line 5a + 5b or Total in Column I of G703) ..... \$ 14,003.21

6. TOTAL EARNED LESS RETAINAGE ..... \$ 266,061.04  
 (Line 4 less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... \$ 146,655.54  
 (Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE ..... \$ 119,405.50

9. BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$ 1,340,123.96  
 (Line 3 less Line 6)

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

CONTRACTOR: BM Benchmark Construction LLC

By: J Date: 9/15/25

State of: TX  
 County of: Hidalgo  
 Subscribed and sworn to before me this 5<sup>th</sup> day of September 2025

Notary Public: Javier Gonzalez  
 My Commission expires: 1/7/26

**ARCHITECT'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$ 119,405.50  
 (Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: [Signature] Date: 09/18/2025

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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

# Pay Application Form-Page 2

APPLICATION AND CERTIFICATION FOR PAYMENT, containing

signed certification is attached.

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

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

3  
8/1/25-8/30/25

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D		E WORK COMPLETED THIS PERIOD	F MATERIALS PRESENTLY STORED	G TOTAL COMPLETED TO DATE	H BALANCE TO FINISH	I RETAINAGE 5.0%
			PREVIOUS	WORK COMPLETED THIS PERIOD					
1	Site Work & Utilities	125,100.00	97,000.00	17,200.00		114,200.00	10,900.00	5,710.00	
2	Foundation	70,880.00		33,000.00		33,000.00	37,880.00	1,650.00	
3	Structural Steel	31,970.00				0.00	31,970.00	0.00	
4	Frame Materials	5,130.00				0.00	5,130.00	0.00	
5	Wood Trusses	14,900.00				0.00	14,900.00	0.00	
6	Framing Labor	30,000.00				0.00	30,000.00	0.00	
7	Roofing	59,000.00				0.00	59,000.00	0.00	
8	Sheetrock Labor & Materials	38,400.00				0.00	38,400.00	0.00	
9	Suspended Acoustical Ceilings	28,700.00				0.00	28,700.00	0.00	
10	Doors Frames and Hardware	45,210.00				0.00	45,210.00	0.00	
11	Millwork	32,380.00				0.00	32,380.00	0.00	
12	Countertops	35,020.00				0.00	35,020.00	0.00	
13	Toilet Partitions	4,840.00				0.00	4,840.00	0.00	
14	Toilet Accessories	1,500.00				0.00	1,500.00	0.00	
15	Painting	25,830.00				0.00	25,830.00	0.00	
16	Flooring	37,200.00				0.00	37,200.00	0.00	

17	Brick Materials & Labor	61,340.00						0.00	61,340.00	0.00
18	HVAC	148,700.00						0.00	148,700.00	0.00
19	Plumbing	145,500.00		33,000.00				33,000.00	112,500.00	1,650.00
20	Electrical	159,000.00		10,000.00				10,000.00	149,000.00	500.00
21	Fire Alarm	6,800.00						0.00	6,800.00	0.00
22	Fire Sprinkler	77,350.00		8,490.00				8,490.00	68,860.00	424.50
23	Landscape Allowance	16,600.00						0.00	16,600.00	0.00
24	Trash Cleaning	6,000.00						0.00	6,000.00	0.00
25	Rental Equipment	10,000.00						0.00	10,000.00	0.00
26	Contingency Allowance	100,000.00						0.00	100,000.00	0.00
27	Project Manager Fee	25,000.00	6,000.00					12,000.00	13,000.00	600.00
28	Project Superintendent on Site Fee	39,400.00	4,800.00					9,600.00	29,800.00	480.00
29	Document Printing (Large Plans Printouts)	500.00	500.00					500.00	0.00	25.00
30	Power Consumption	7,000.00						0.00	7,000.00	0.00
31	Temp Sanitary Facilities	2,000.00						0.00	2,000.00	0.00
32	Temp Fencing	1,500.00	1,500.00					1,500.00	0.00	75.00
33	Erosion Control	3,250.00	3,250.00					3,250.00	0.00	162.50
34	Equipment Rental/Scaffolding	30,000.00		8,700.00				8,700.00	21,300.00	435.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00						0.00	7,200.00	0.00
36	Final Cleaning	2,000.00						0.00	2,000.00	0.00
37	Dumpster	6,000.00						0.00	6,000.00	0.00
38	Permit & Impact Fees	9,000.00		4,500.00				4,500.00	4,500.00	225.00

39	Builders Risk Insurance	15,000.00						0.00	15,000.00	0.00
40	General Commercial Liability	27,000.00						0.00	27,000.00	0.00
41	Payment & Performance Bond	37,500.00	37,500.00					37,500.00	0.00	1,875.00
42	CM Construction Fee	76,485.00	3,824.25					3,824.25	72,660.75	191.21
								0.00	0.00	0.00
	<b>SUBTOTAL COSTS:</b>	<b>1,606,185.00</b>	<b>154,374.25</b>	<b>125,690.00</b>	<b>0.00</b>	<b>280,064.25</b>	<b>1,326,120.75</b>	<b>14,003.21</b>		



INVOICE

3

30 August 2025

Benchmark Construction

3

**PAYMENT DUE BY:**

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

**Hidalgo Health Clinic/ J Gonzalez**

QUANTITY	DETAILS	Column1	LINE TOTAL
	Sanitary Sewer Line		2,800.00
	Domestic Water Line		14,400.00
	Concrete Foundation - Material ( Rebar and Accessories )		20,700.00
	Foundation-Labor & Equipment		21,000.00

Net Total \$58,900.00

	\$58,900.00
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PAYMENT DETAILS

OTHER INFORMATION

Payment Reference: 3

# FireDefense Pros LLC

SCR-G-2617820  
 1709 Dulcinea Ave  
 Edinburg, TX 78539  
 Phone 956-457-5743

# Invoice

Date	Pay Application
9/1/2025	1

<b>Bill To</b>
<b>Benchmark Construction</b>



**FireDefense Pros LLC**  
 TRUST THE PROFESSIONALS

<b>Project</b>
<b>Hidalgo Health Clinic Hidalgo, TX</b>

Item Description	Contract Amount	Prior %	Current %	Total % to Date	Prior Amount	Current Amount	Total to Date	
Fire Flow & Design Plans	\$2,300.00	0%	100.00%	100%	\$0.00	\$2,300.00	\$2,300.00	
Underground Fire & FDC Line	\$30,950.00	0%	20.00%	20%	\$0.00	\$6,190.00	\$6,190.00	
Above Ground Fire Sprinkler	\$44,100.00	0%	0.00%	0%	\$0.00	\$0.00	\$0.00	
<b>Total</b>	<b>\$77,350.00</b>							
<b>TOTAL TO DATE</b>								<b>\$8,490.00</b>



**D. Montez Plumbing LLC**

4305 E University Dr.  
 Edinburg TX78542  
 956-451-5050 956-250-5141  
 RMP-38662

**Invoice**

Invoice No.	Date
1	8/30/25

Name/Address
Benchmark Construction 119 N 17th Mcallen, TX 78503

Description	Total
Hidalgo County Health Clinic	
-Permit	
-Excavate for Plumbing	
-Compacting of Plumbing Trenches	
-Rough in plumbing	
-Install vents and drains	
-Provide copper water lines to plumbing fixtures (Type L)	
-Install floor drains and clean outs	
-Install trap primer lines for all floor drains	
-Install hangers and supports completely with necessary inserts, bolts, rods, nuts, washers, and other accessories	
-Install condensation drain as per MEP Plans	
-Insulate all copper hot and cold water lines as per plan	
-Connect sewer line to building 5' stub out	
-Connect water line 5' stub out	
-Install all fixtures as per plan	
PARTS AND LABOR	
Total	33,000.00
Texas State Board of Plumbing Examiners P.o. Box 4200	Total

# INVOICE

## 6 Star Electric, LLC

TECL#38813

3401 Marienela St.  
Mission, Tx 78574  
(956)271-9440  
06starelectric@gmail.com

**DATE:** September 1, 2025  
**INVOICE #** 681  
**BILL TO:** Benchmark Construction  
P.O Box 720083  
McAllen, Tx 78501  
**FOR:** **Hidalgo Health Clinic**

DESCRIPTION OF WORK	AMOUNT
Prepare and install all Jboxes for plugs, switches, lighting, A/C and W/H	
Install all pipe for plugs, switches, lights, A/C and W/H	
Install all wire for plugs, switches, lights, A/C and W/H	
Prepare and install all plugs and switches according to blue print	
Prepare and install all lights according to blue print	
Includes lighting option "B" by General contractor	
Includes lighting control according to blue print	
Prepare and install only pipe for Datas and T.T	
Prepare and install only pipe for access control	
Prepare and install Gear according to blue print	
Install regular D.C 600 Amp N3R by General contractor	
Does not include automatic transfer switch by General contractor	
Does not include Genset	
Genset provide by owner according to blue print	
Includes material and labor	
Under ground	\$ 25,000.00
Gear	\$ 26,000.00
Lighting	\$ 25,000.00
Rough in	\$ 30,000.00
Wire	\$ 30,000.00
Devices	\$ 23,000.00
Invoice Total	\$159,000.00
Invoice for Work Completed Up to Date	\$10,000.00
<b>Outstanding balance</b>	<b>\$ 149,000.00</b>

Make all checks payable to 6 Star Electric, LLC  
If you have any questions concerning this invoice contact Alejandro at (956)271-9440 or 06starelectric@gmail.com

THANK YOU FOR YOUR BUSINESS!

CLINIC

POSTED



CITY OF HIDALGO  
704 E. Texano Dr.  
Hidalgo, TX 78557

Tel 843-2286

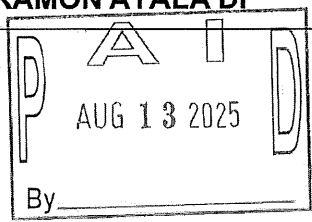
Fax 843-2317

### Building Commercial Permit

Permit No. **BC-25-0526**

Property Owner Name && Address	Account No. && Legal Description
Of Hidalgo City	10064-00-000-0000-51B PILLAR ADD S OF TEXANO Lot: 64 & 65 ,B
Contractor Information	Permit Information
BF BENCHMARK CONSTRUCCION BF BENCHMARK CONSTRUCCION 119 N 117TH St Mcallen, TX 78501	Date: 08/11/2025 Fee: \$ 4,500.00 Amount: \$ 4,500.00
Site Address: 702 E RAMON AYALA Dr	

Description of Work  
**NEW HEALTH CLINIC**



The foregoing is a true and correct description of the improvements proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same.

The Building permit shall not be held to permit or be an approval of the violation or modification of any provisions City ordinances, codes, subdivision restrictions or State law or be a waiver by the City of such violation. Alterations, changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department.

The applicant hereby agrees to comply with all City ordinances, codes, subdivision restrictions, and state laws and to assume all responsibility for such compliance. It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued.

\_\_\_\_\_  
Authorized Agent / Owner

\_\_\_\_\_  
Date

This document becomes a Building Permit when signed by Building Official.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

8-12-25

## CONTRACTOR TIME STATEMENT

PAY APP NO. 3 CONTRACTOR BM Benchmark Construction, LLC.  
 PROJECT NAME Hidalgo Health Clinic - CMAR  
 CONTRACT NO. ARPA 22-340-088 OWNER Hidalgo County - Pct. #2 NOTICE-TO-PROCEED 6/4/2025  
 TIME COMPUTED FROM 8/1/2025 DATE WORK COMPLETED 8/31/2025

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
August	1	1		
August	2	1		
August	3	1		
August	4	1		
August	5	1		
August	6	1		
August	7	1		
August	8	1		
August	9	1		
August	10	1		
August	11	1		
August	12	1		
August	13	1		
August	14	1		
August	15	1		
August	16	1		
August	17	1		
August	18	1		
August	19	1		
August	20	1		
August	21	1		
August	22	1		
August	23	1		
August	24	1		
August	25	1		
August	26	1		
August	27	1		
August	28	1		
August	29	1		
August	30	1		
August	31	1		
<b>TOTALS</b>		<b>31</b>	<b>0</b>	

NO. OF CONTRACT WORKING DAYS 270 NO. WORKING DAYS CHARGED TO DATE 75  
 NO. CREDITED DAYS TO DATE 14  
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0  
 CERTIFIED AS CORRECT

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

Prevailing Wage Rates  
Certification Statement

Date September 18, 2025

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

CSJ# N/A

Contractor BM Benchmark Construction, LLC.

Application# 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

PAYROLL

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

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  BM Benchmark Construction LLC  
 ADDRESS 119 N 17th St  
 Mcallen, TX 78501  
 OMB No. 1235-0008  
 Expires 09/30/2026

PAYROLL NO. 5  
 FOR WEEK ENDING 08/09/2025  
 PROJECT AND LOCATION Hidalgo Health Clinic  
 702 Ramon Ayala Dr Hidalgo, TX 78557  
 PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR WITHHOLDINGS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
			S 8/3	M 8/4	T 8/5	W 8/6	T 8/7	F 8/8	S 8/9				WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
Javier Gonzalez 6313		Project Manager		8.00	8.00	8.00	8.00	8.00	8.00	40.00	37.50	\$1,500.00				\$1,500.00
Liborio Garza Jr 1004		Project Supervisor		8.00	8.00	8.00	8.00	8.00	8.00	40.00	30.00	\$1,200.00				\$1,200.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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

Public Burden Statement

# DOL WH-348 | Statement of Compliance

Date 8/11/25

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by BM Benchmark Construction LLC on the 3rd day of August, 2025, and ending the 9th day of August, 2025  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the 3rd day of August, 2025, and ending the 9th day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said BM Benchmark Construction LLC (Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	



# DOL WH-348 | Statement of Compliance

Date 8/18/25

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by BM Benchmark Construction LLC on the 10th day of August, 2025, and ending the 16th day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said BM Benchmark Construction LLC (Contractor or Subcontractor) from the full Hidalgo Health Clinic (Contractor or Subcontractor); that during the payroll period commencing on the 10th day of August, 2025, and ending the 16th day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said BM Benchmark Construction LLC (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.


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(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
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PAYROLL

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

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  BM Benchmark Construction LLC  
 ADDRESS 119 N 17th St  
 Mcallen, TX 78501

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 7 FOR WEEK ENDING 08/23/2025 PROJECT AND LOCATION Hidalgo Heiath Clinic  
 PROJECT OR CONTRACT NO. ARPA-22-340-088M  
 702 Ramon Ayala Dr Hidalgo, TX 78557

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS FROM SOCIAL SECURITY TAX	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			HOURS WORKED EACH DAY										FICA	WITH-HOLDING TAX	OTHER		TOTAL DEDUCTIONS
			S	M	T	W	T	F	S								
Javier Gonzalez 6313		Project Manager								40.00	37.50	\$1,500.00				\$1,500.00	
Liborio Garza Jr 1004		Project Supervisor								40.00	30.00	\$1,200.00				\$1,200.00	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/25/25

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

do hereby state:

(1) That I pay or supervise the payment of the persons employed by BM Benchmark Construction LLC on the 17th day of August, 2025, and ending the 23rd day of August, 2025, Hidalgo Health Clinic (Contractor or Subcontractor); that during the payroll period commencing on the 17th day of August, 2025, and ending the 23rd day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said BM Benchmark Construction LLC (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE George Boghs-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**



WAGE AND HOUR DIVISION  
Revised December 2008

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

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **BM Benchmark Construction LLC** ADDRESS **119 N 17th St McAllen, TX 78501** OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. **8** FOR WEEK ENDING **08/30/2025** PROJECT AND LOCATION **Hidalgo Helain Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557** PROJECT OR CONTRACT NO. **ARRPA-22-340-088M**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT, OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK		
				S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				8/24	8/25	8/26	8/27	8/28	8/29	8/30										
Javier Gonzalez 6313		Project Manager			8.00	8.00	8.00	8.00	8.00		40.00	37.50	\$1,500.00							\$1,500.00
Liborio Garza Jr 1004		Project Supervisor			8.00	8.00	8.00	8.00	8.00		40.00	30.00	\$1,200.00							\$1,200.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210





**PAYROLL**

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

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **Sant Construction LLC** ADDRESS 809 La Quinta Dr Pharr, TX 78577

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 8 FOR WEEK ENDING 08/09/2025 PROJECT AND LOCATION Hidalgo Helath Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557 PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS FROM WITHHOLDINGS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER		TOTAL DEDUCTIONS
			8/3	8/4	8/5	8/6	8/7	8/8	8/9								
Robert Solis 1001		Excavator Operator								40.00	35.00	\$1,400.00				\$1,400.00	
Juan Ramirez 1002		Operator (Roller)								40.00	30.00	\$1,200.00				\$1,200.00	
Raul Perales 1003		Operator (Roller)								40.00	30.00	\$1,200.00				\$1,200.00	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/18/25

I, Albert Solis Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Sant Construction LLC on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic, that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_, and ending the 16th day of August 2025,  
 10th day of \_\_\_\_\_, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said  
Sant Construction LLC from the full  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  
 — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Albert Solis-Owner	SIGNATURE <i>Albert Solis</i>
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.	



PAYROLL

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

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR  Sant Construction LLC  
 ADDRESS 809 La Quinta Dr Phair, TX 78577  
 OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 9 FOR WEEK ENDING 08/16/2025  
 PROJECT AND LOCATION: Hidalgo Helath Clinic, 702 Ramon Ayala Dr Hidalgo, TX 78557  
 PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EMPLOYER'S HOLDING COMPANY	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER		
			8/10	8/11	8/12	8/13	8/14	8/15	8/16								
Robert Solis 1001		Excavator Operator								40.00	35.00	\$1,400.00				\$1,400.00	
Juan Ramirez 1002		Operator (Roller)								40.00	30.00	\$1,200.00				\$1,200.00	
Raul Perales 1003		Operator (Roller)								40.00	30.00	\$1,200.00				\$1,200.00	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 65 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/15/25

I, Albert Solis Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Sant Construction LLC on the 3rd day of August, 2025, and ending the 9th day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Sant Construction LLC (Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Albert Solis-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	



PAYROLL

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

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 809 La Quinta Dr Pharr, TX 78577

PAYROLL NO. 10 FOR WEEK ENDING 08/23/2025 PROJECT AND LOCATION Hidalgo Helath Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557 PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS WITHHOLDING OR	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
			S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	
Robert Solis 1001		Excavator Operator								40.00	35.00					\$1,400.00
Juan Ramirez 1002		Operator (Roller)								40.00	30.00					\$1,200.00
Raul Perales 1003		Operator (Roller)								40.00	30.00					\$1,200.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/25/25

I, Albert Solis Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Sant Construction LLC on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_; and ending the 23rd day of August 2025,  
 17th day of August 2025, and ending the 23rd day of August 2025  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said  
Sant Construction LLC  
 (Contractor or Subcontractor) \_\_\_\_\_ from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A) issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Albert Solis-Owner	SIGNATURE <i>Albert Solis</i>
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.	

PAYROLL

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

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Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  **Sant Construction LLC**  
 ADDRESS **809 La Quinta Dr Pharr, TX 78577**  
 OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. **11**  
 FOR WEEK ENDING **08/30/2025**  
 PROJECT AND LOCATION **Hidalgo Helath Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557**  
 PROJECT OR CONTRACT NO. **ARPA-22-340-088M**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR HOLDINGS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			S	M	T	W	T	F	S				WITH-HOLDING TAX	FICA	OTHER		TOTAL DEDUCTIONS
			8/24	8/25	8/26	8/27	8/28	8/29	8/30								
Robert Solis 1001		Supervisor								40.00	35.00	\$1,400.00				\$1,400.00	
Sergio Garcia 1004		Laborer-Rebar Placement								40.00	18.00	\$720.00				\$720.00	
Eleazar Salinas 1005		Laborer-Rebar Placement								40.00	18.00	\$720.00				\$720.00	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210



PAYROLL

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WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  D Montez Plumbing LLC  
 ADDRESS 4305 E University Dr  
 Edinburg, TX 78542  
 OMB No. 1235-0008  
 Expires 09/30/2026

PAYROLL NO. 1  
 FOR WEEK ENDING 08/16/2025  
 PROJECT AND LOCATION Hidalgo Helath Clinic  
 702 Ramon Ayala Dr Hidalgo, TX 78557  
 PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR WITHHOLDING	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
			S	M	T	W	T	F	S				WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			8/10	8/11	8/12	8/13	8/14	8/15	8/16							
Ricardo Perez 1619		Supervisor-Operator		8.00	8.00	8.00	8.00	8.00		40.00	\$1,000.00				\$1,000.00	
Valentin Barraza 1211		Operator-Trencher		8.00	8.00	8.00	8.00	8.00		40.00	\$800.00				\$800.00	
Leo Trevino 1738		Laborer-Trencher		8.00	8.00	8.00	8.00	8.00		40.00	\$640.00				\$640.00	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/18/25

I, Alejandro Duran Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by D Montez Plumbing LLC on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_; that during the payroll period commencing on the \_\_\_\_\_  
 10th day of August, 2025, and ending the 16th day of August, 2025  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_  
D Montez Plumbing LLC from the full \_\_\_\_\_  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE David Montez-Owner	SIGNATURE <i>D.M.</i>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	



# DOL WH-348 | Statement of Compliance

Date 8/25/25  
 I, Alejandro Duran Owner  
 (Name of Signatory Party) (Title)  
 do hereby state:

(1) That I pay or supervise the payment of the persons employed by D Montez Plumbing LLC on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic ; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_  
 17th day of August, 2025, and ending the 23rd day of August, 2025  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_  
D Montez Plumbing LLC \_\_\_\_\_  
 (Contractor or Subcontractor) \_\_\_\_\_ from the full \_\_\_\_\_

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  
 — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE David Montez-Owner	SIGNATURE <i>DM</i>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

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

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> D Montez Plumbing LLC		ADDRESS 4305 E University Dr Edinburg, TX 78542		OMB No. 1235-0008 Expires 09/30/2026												
PAYROLL NO. 3		FOR WEEK ENDING 08/30/2025		PROJECT AND LOCATION Hidalgo Helath Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557		PROJECT OR CONTRACT NO. ARPA-22-340-088M										
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR HOLDINGS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
			S 8/24	M 8/25	T 8/26	W 8/27	T 8/28	F 8/29	S 8/30				FICA	WITH-HOLDING TAX	OTHER	
Ricardo Perez 1619		Supervisor-Operator		8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00	\$1,000.00				\$1,000.00
Valentin Barraza 1211		Operator-Trencher		8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00	\$800.00				\$800.00
Leo Trevino 1738		Laborer-Trencher		8.00	8.00	8.00	8.00	8.00	8.00	40.00	16.00	\$640.00				\$640.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/30/25

I, Alejandro Duran Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
D Montez Plumbing LLC on the  
Hidalgo Health Clinic (Contractor or Subcontractor); that during the payroll period commencing on the  
24th day of August, 2025, and ending the 30th day of August, 2025

all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said  
D Montez Plumbing LLC from the full  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE David Montez-Owner	SIGNATURE <i>DM</i>
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.	

**PAYROLL**

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

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3401 Marienela St Mission, TX 78574

6 Star Electric LLC

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 1 FOR WEEK ENDING 08/16/2025 PROJECT AND LOCATION Hidalgo Helath Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557 PROJECT OR CONTRACT NO. ARPA-22-340-088M

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EMPLOYER'S HOLDING TO THE FEDERAL GOVERNMENT	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			S	M	T	W	T	F	S				FICA	WITH-HOLDING TAX	OTHER		TOTAL DEDUCTIONS
			8/10	8/11	8/12	8/13	8/14	8/15	8/16								
Daniel Duran 2001	O	Supervisor								40.00	25.00	\$1,000.00				\$1,000.00	
Adrian Guerra 2002	S	Operator-Trencher								40.00	20.00	\$800.00				\$800.00	
Noe Zarate 2003	O	Electrician-Conduit								40.00	18.00	\$720.00				\$720.00	
	O																
	S																
	O																
	S																
	O																
	S																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 65 minutes to complete this collection, including time for reviewing instructions, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/18/25

I, Alejandro Duran Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by 6 Star Electric LLC on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_, and ending the 16th day of August 2025,  
 10th day of \_\_\_\_\_, 2025, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said  
6 Star Electric LLC \_\_\_\_\_ from the full  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Alejandro Duran-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division



WAGE AND HOUR DIVISION  
Revised December 2008

**PAYROLL**

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

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

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 3401 Matienela St Mission, TX 78574

PAYROLL NO. 2 FOR WEEK ENDING 08/23/2025 PROJECT AND LOCATION Hidalgo Helath Clinic 702 Ramon Ayala Dr Hidalgo, TX 78557 PROJECT OR CONTRACT NO. ARPA-22-340-088M

OMB No. 1235-0008  
Expires 09/30/2026

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EMPLOYER'S IDENTIFICATION NUMBER	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK						
			S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER		TOTAL DEDUCTIONS					
			8/17	8/18	8/19	8/20	8/21	8/22	8/23													
Daniel Duran 2001		Supervisor								8.00	8.00	8.00	8.00	8.00	8.00	40.00	25.00	\$1,000.00				\$1,000.00
Adrian Guerra 2002		Operator-Trencher								8.00	8.00	8.00	8.00	8.00	8.00	40.00	20.00	\$800.00				\$800.00
Noe Zarate 2003		Electrician-Conduit								8.00	8.00	8.00	8.00	8.00	8.00	40.00	18.00	\$720.00				\$720.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.3(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

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

**Public Burden Statement**

Public Burden Statement: We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

# DOL WH-348 | Statement of Compliance

Date 8/25/25

I, Alejandro Duran Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by 6 Star Electric LLC on the 17th day of August, 2025, and ending the 23rd day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said 6 Star Electric LLC (Contractor or Subcontractor) from the full Hidalgo Health Clinic (Contractor or Subcontractor); that during the payroll period commencing on the 17th day of August, 2025, and ending the 23rd day of August, 2025, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said 6 Star Electric LLC (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Alejandro Duran-Owner	SIGNATURE <i>A Duran</i>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	



# DOL WH-348 | Statement of Compliance

Date 8/30/25

I, Alejandro Duran Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by 6 Star Electric LLC on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_; that during the payroll period commencing on the \_\_\_\_\_  
24th day of August, 2025, and ending the 30th day of August, 2025,  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said  
6 Star Electric LLC  
 (Contractor or Subcontractor) \_\_\_\_\_ from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Alejandro Duran-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	



# DOL WH-348 | Statement of Compliance

Date 8/25/25

I, Omar Anzaldúa Owner (Title) \_\_\_\_\_  
 (Name of Signatory Party)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by FireDefense Pro LLC \_\_\_\_\_ on the \_\_\_\_\_  
 (Contractor or Subcontractor)  
Hidalgo Health Clinic \_\_\_\_\_; that during the payroll period commencing on the \_\_\_\_\_  
 (Building or Work) \_\_\_\_\_, and ending the 23rd day of August 2025,  
17th day of August, 2025, and ending the \_\_\_\_\_ day of \_\_\_\_\_, 2025  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said  
FireDefense Pros LLC \_\_\_\_\_ from the full  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-- Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Omar Anzaldúa-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 10601 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	



# DOL WH-348 | Statement of Compliance

Date 8/30/25

I, Omar Anzaldua Owner (Title) \_\_\_\_\_

(Name of Signatory Party)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by FireDefense Pro LLC on the \_\_\_\_\_  
 \_\_\_\_\_ (Contractor or Subcontractor)  
Hidalgo Health Clinic; that during the payroll period commencing on the \_\_\_\_\_  
 \_\_\_\_\_ (Building or Work) \_\_\_\_\_; that during the payroll period commencing on the \_\_\_\_\_  
24rd day of August, 2025, and ending the 30th day of August, 2025  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said

FireDefense Pros LLC from the full  
 \_\_\_\_\_ (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-- Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Omar Anzaldua-Owner	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	