

AIA[®] Document G702[®] - 1992

Application and Certificate for Payment Acct# 5-1240-441-67-115-328-3-740

SIGN: [Signature]
 REG# 497275
 PO# 882951

WORK RECEIVED BY
[Signature] ON 12/21/25
 GOODS/SERVICES RECEIVED BY
[Signature] ON 11/25/25

TO OWNER: Hidalgo County Purchasing Department PROJECT: Hidalgo County Precinct 3 SK
 2802 S. Business Hwy. 281 Mansion Linear Park Trail
 Edinburg, TX 78572 724 N. Breyfogle Rd
 Mission, TX 78572

APPLICATION NO: 008

Distribution to:

PERIOD TO: November 25, 2025

OWNER: []
 ARCHITECT: []
 CONTRACTOR: []
 OTHER: []

FROM S/A Builders, LLC VIA B2Z Engineering LLC
 CONTRACTO 7706 W. Expressway 83 ARCHITECT: 900 S. Stewart Rd., Suite 4
 R: Mission, TX 78572 Mission, TX 78572

CONTRACT FOR: Trail
 CONTRACT DATE: 06-24-2025
 PROJECT NOS: ARPA-23-123-325/B2Z#C-23-0111-0516/SA / PO#23-24

CONTRACTOR: []
 OR: []
 FIELD: []
 OTHER: []

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract AIA Document G703, Continuation Sheet, is attached.

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.

1. ORIGINAL CONTRACT SUM 2,473,380.55
 2. NET CHANGE BY CHANGE ORDERS 57,573.07 CONTRACTOR:
 3. CONTRACT SUM TO DATE (Line 1 ± 2) \$2,480,953.6

[Signature]
 2 By: _____
 State of: _____
 County of: _____

Date: 12/01/25

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$2,449,029.5
 5. RETAINAGE:
 a. 0.00% of Completed Work \$0.00
 (Column D + E on G703) \$0.00
 b. 0.00% of Stored Material \$0.00
 (Column F on G703) \$0.00

Subscribed and sworn to before me this 1st day of December 2025

Notary Public: Claudia Nohy Cencik

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$0.00
 Commission expires: October 12, 2025



[Signature]

6. TOTAL EARNED LESS RETAINAGE \$2,449,029.5

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT 2,407,428.11

8. CURRENT PAYMENT DUE \$41,601.45 AMOUNT CERTIFIED

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$31,924.06

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

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS

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Total changes approved in previous months by Owner	7,573.07	0.00
Total approved this Month	0.00	0.00
TOTALS	7,573.07	0.00
NET CHANGES by Change Order		0.00



Date: 12/01/2025

By: _____ 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.

CONTRACTOR TIME STATEMENT

PAY APP NO. 8 CONTRACTOR 8A Builders
 PROJECT NAME 5K Mansion Lenear Park Project
 CONTRACT NO. _____ OWNER Pct 3 NOTICE-TO-PROCEED 9/4/2024
 TIME COMPUTED FROM _____ 9/1/2025 DATE WORK COMPLETE 9/30/2025

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

NO. OF CONTRACT WORKING DAYS 350 NO. WORKING DAYS CHARGED TO DATE 337
 ASSESSED LIQUIDATED DAMAGES: 0 NO. CREDITED DAYS TO DATE 45
 CERTIFIED AS CORRECT PER DAY \$ 500.00 TOTAL \$ 0



 ENGINEER/CONSTRUCTION MANAGER

CONTRACTOR TIME STATEMENT

PAY APP NO. 8 CONTRACTOR 8A Builders
 PROJECT NAME 5K Mansion Lenear Park Project
 CONTRACT NO. _____ OWNER Pct 3 NOTICE-TO-PROCEED 9/4/2024
 TIME COMPUTED FROM _____ 10/1/2025 DATE WORK COMPLETE 10/31/2025

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

NO. OF CONTRACT WORKING DAYS 350 NO. WORKING DAYS CHARGED TO DATE 366
 ASSESSED LIQUIDATED DAMAGES: 0 NO. CREDITED DAYS TO DATE 47
 CERTIFIED AS CORRECT PER DAY \$ 500.00 TOTAL \$ 0



 ENGINEER/CONSTRUCTION MANAGER

CONTRACTOR TIME STATEMENT

PAY APP NO. 8 CONTRACTOR 8A Builders
 PROJECT NAME 5K Mansion Lenear Park Project
 CONTRACT NO. _____ OWNER Pct 3 NOTICE-TO-PROCEED 9/4/2024
 TIME COMPUTED FROM _____ 11/1/2025 DATE WORK COMPLETE 11/30/2025

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

NO. OF CONTRACT WORKING DAYS 350 NO. WORKING DAYS CHARGED TO DATE 391
 ASSESSED LIQUIDATED DAMAGES: 0 NO. CREDITED DAYS TO DATE 47
 CERTIFIED AS CORRECT PER DAY \$ 500.00 TOTAL \$ 0



 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates
Certification Statement

Date December 1, 2025

Project Contract No. C-24-0162-06-20
Name 5K Mansion Linear Park Trail CSJ# N/A

Contractor 8/A Builders, LLC. Application# 8

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347



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

Revised December 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 7708 W. Expressway 83
 8/A Builders, LLC Mission, TX 78572
 OMB No. 1235-0008
 Expires 09/30/2026

PAYROLL NO. 54 FOR WEEK ENDING 09/18/2025 PROJECT AND LOCATION Hidalgo County P3 5K Mansion Linear Park Trail N. Breyfogle Rd. to N. Inspiration Rd., Mission, TX
 PROJECT OR CONTRACT NO. ARPA-23-123-328 / GC-8A PO#23-24

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK								
			F	S	S	M	T	W	T				FICA	WITH- HOLDING TAX	Child Support	OTHER		TOTAL DEDUCTIONS							
																			12	13	14	15	16	17	18
Cerda, David J. - 2607		Laborer, Common									6.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	12.00	\$72.00	\$36.72	\$6.96	\$28.85	\$72.53	\$407.47
Salinas, Roman- 0476		Laborer: General Superintendent									9.00	3.00	0.00	8.00	8.00	4.00		40.00	23.00	\$920.00	\$70.38	\$51.94		\$122.32	\$613.68
Martinez, Jacob-3034		Laborer, Common																							

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 S3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

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Revised December 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR 8/A Builders, LLC
 ADDRESS 7708 W. Expressway 83 Mission, TX 78572
 OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 60 FOR WEEK ENDING 10/30/2025
 PROJECT AND LOCATION Hidalgo County P3 5K Mansion Linear Park Trail N. Breyfogle Rd. to N. Inspiration Rd., Mission, TX
 PROJECT OR CONTRACT NO. ARPA-23-123-328 / GC-8A PO#23-24

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK					
			F		S		M		T				FICA	WITHHOLDING TAX	Child Support	OTHER	TOTAL DEDUCTIONS						
			24	25	26	27	28	29	30														
Cerda, David J. - 2607		Common, Laborer								0.00	0.00	0.00	0.00	0.00	0.00								
Salinas, Roman- 0476		Laborer: General Superintendent								0.00	0.00	0.00	0.00	0.00									
Martinez, Jacob-3034		Common, Laborer								1.00	0.00	0.00	0.00	0.00	1.00	13.00	\$13.00	\$39.78	\$23.20			\$62.98	\$457.02

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.

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NAME OF CONTRACTOR OR SUBCONTRACTOR 8/A Builders, LLC

ADDRESS 7708 W. Expressway 83 Mission, TX 78572

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) IF HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			F	S	S	M	T	W	T				FICA	WITH-HOLDING TAX	Child Support	OTHER		TOTAL DEDUCTIONS
Cerda, David J. - 2607		Common, Laborer																
Salinas, Roman- 047		Laborer: General Superintendent								5.00	23.00	\$115.00	\$70.38	\$51.94			\$122.32	\$613.68
Martinez, Jacob-3034		Common, Laborer								2.00	13.00	\$26.00	\$39.78	\$23.20			\$62.98	\$457.02

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 S5902, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

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