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

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

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

APPLICATION NO.: 11
PERIOD TO: 6/1/26-7/31/26
PROJECT NOS.: C24-0253-04-29
ARPA-22-340-088
CONTRACT DATE:

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐
☐

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

VIA ARCHITECT:

CONTRACT FOR: Hidalgo Health Clinic

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. **ORIGINAL CONTRACT SUM**	$	1,606,185.00
2. **Net change by Change Orders**	$	
3. **CONTRACT SUM TO DATE** (Line 1 ± 2)	$	1,606,185.00
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on G703)	$	1,401,755.52
5. **RETAINAGE:**		
a. _____% of Completed Work (Columns D + E on G703)	$	70,087.78
b. _____% of Stored Material (Column F on G703)	$	
Total Retainage (Line 5a + 5b or Total in Column I of G703)	$	70,087.78
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total)	$	1,331,667.74
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate)	$	1,228,028.58
8. **CURRENT PAYMENT DUE**	$	103,639.16
9. **BALANCE TO FINISH, INCLUDING RETAINAGE** (Line 3 less Line 6)	$	274,517.26

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

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

CONTRACTOR: BM Benchmark Construction LLC

By: _____ Date: 8/21/26

State of: TX
County of: Hidalgo
Subscribed and sworn to before me this 21 day of August 2026

Javier A Gonzalez
My Commission Expires
1/7/2030
Notary ID131388434

Notary Public:
My Commission expires:

ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED $ 103,639.16

(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:

By: _____ Date: 08/21/2026

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

Pay Application Form-Page 2

APPLICATION AND CERTIFICATION FOR PAYMENT, containing
signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO 11
PERIOD TO: 6/1/26-7/31/26
PROJECT NO:

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED PREVIOUS	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED	TOTAL COMPLETED TO DATE	% COMPLETE	BALANCE TO FINISH	RETAINAGE 5.0%
1	Site Work & Utilities	125,100.00	114,200.00			114,200.00	91.287%	10,900.00	5,710.00
2	Foundation	70,880.00	70,880.00			70,880.00	100.00%	0.00	3,544.00
3	Structural Steel	31,970.00	31,970.00			31,970.00	100.00%	0.00	1,598.50
4	Frame Materials	5,130.00	5,130.00			5,130.00	100.00%	0.00	256.50
5	Wood Trusses	14,900.00	14,900.00			14,900.00	100.00%	0.00	745.00
6	Framing Labor	30,000.00	30,000.00			30,000.00	100.00%	0.00	1,500.00
7	Roofing	59,000.00	59,000.00			59,000.00	100.00%	0.00	2,950.00
8	Sheetrock Labor & Materials	38,400.00	38,400.00			38,400.00	100.00%	0.00	1,920.00
9	Suspended Acoustical Ceilings	28,700.00	22,960.00			22,960.00	80.00%	5,740.00	1,148.00
10	Doors Frames and Hardware	45,210.00	41,103.66			41,103.66	90.92%	4,106.34	2,055.18
11	Millwork	32,380.00	32,380.00			32,380.00	100.00%	0.00	1,619.00
12	Countertops	35,020.00	35,020.00			35,020.00	100.00%	0.00	1,751.00
13	Toilet Partitions	4,840.00		4,840.00		4,840.00	100.00%	0.00	242.00
14	Toilet Accessories	1,500.00		1,500.00		1,500.00	100.00%	0.00	75.00
15	Painting	25,830.00	19,000.00	6,830.00		25,830.00	100.00%	0.00	1,291.50
16	Flooring	37,200.00	30,735.00			30,735.00	82.62%	6,465.00	1,536.75
17	Brick Materials & Labor	61,340.00	61,340.00			61,340.00	100.00%	0.00	3,067.00
18	HVAC	148,700.00	137,825.00			137,825.00	92.69%	10,875.00	6,891.25
19	Plumbing	145,500.00	86,300.00	37,375.00		123,675.00	85.00%	21,825.00	6,183.75
20	Electrical	159,000.00	135,000.00			135,000.00	84.91%	24,000.00	6,750.00
21	Fire Alarm	6,800.00		6,800.00		6,800.00	100.00%	0.00	340.00
22	Fire Sprinkler	77,350.00	41,565.00	32,032.50		73,597.50	95.15%	3,752.50	3,679.88
23	Landscape Allowance	16,600.00				0.00	0.00%	16,600.00	0.00

24	Trash Cleaning	6,000.00	4,500.00			4,500.00	75.00%	1,500.00	225.00
25	Rental Equipment	10,000.00	10,000.00			10,000.00	100.00%	0.00	500.00
26	Contingency Allowance	27,507.89				0.00	0.00%	27,507.89	0.00
	AEA #1	13,865.25	13,865.25			13,865.25	100.00%	0.00	693.26
	AEA #2	4,252.50				0.00	0.00%	4,252.50	0.00
	AEA #3	13,152.43		13,152.43		13,152.43	100.00%	0.00	657.62
	AEA #4	7,768.93		1,678.93		1,678.93	21.61%	6,090.00	83.95
	AEA #5	33,453.00		3,885.00		3,885.00	11.61%	29,568.00	194.25
27	Project Manager Fee	25,000.00	22,500.00			22,500.00	90.00%	2,500.00	1,125.00
28	Project Superintendent on Site Fee	39,400.00	33,600.00			33,600.00	85.28%	5,800.00	1,680.00
29	Document Printing (Large Plans Printouts)	500.00	500.00			500.00	100.00%	0.00	25.00
30	Power Consumption	7,000.00	5,000.00	1,000.00		6,000.00	85.71%	1,000.00	300.00
31	Temp Sanitary Facilities	2,000.00	1,750.00			1,750.00	87.50%	250.00	87.50
32	Temp Fencing	1,500.00	1,500.00			1,500.00	100.00%	0.00	75.00
33	Erosion Control	3,250.00	3,250.00			3,250.00	100.00%	0.00	162.50
34	Equipment Rental/Scaffolding	30,000.00	30,000.00			30,000.00	100.00%	0.00	1,500.00
35	Construction Clean-Up(Daily/Weekly)	7,200.00	6,500.00			6,500.00	90.28%	700.00	325.00
36	Final Cleaning	2,000.00				0.00	0.00%	2,000.00	0.00
37	Dumpster	6,000.00	6,000.00			6,000.00	100.00%	0.00	300.00
38	Permit & Impact Fees	9,000.00	8,300.00			8,300.00	92.22%	700.00	415.00
39	Builders Risk Insurance	15,000.00	15,000.00			15,000.00	100.00%	0.00	750.00
40	General Commercial Liability	27,000.00	24,000.00			24,000.00	88.89%	3,000.00	1,200.00
41	Payment & Performance Bond	37,500.00	37,500.00			37,500.00	100.00%	0.00	1,875.00
42	CM Construction Fee	76,485.00	61,187.75			61,187.75	80.00%	15,297.25	3,059.39
						0.00	0.00%	0.00	0.00
	SUBTOTAL COSTS:	1,606,185.00	1,292,661.66	109,093.86	0.00	1,401,755.52	39.11	204,429.48	70,087.78

FireDefense Pros LLC
TRUST THE PROFESSIONALS

CHANGE ORDER REQUEST

Project Name: Hidalco Clinic
Project Address: 700 E. Ramon Ayala Dr
COR Date:
Change Order No.: 1

COR Title: FDC Relocation

Description of the Work

As Per the City of Hidalgo Fire Marshals requested the FDC line be relocated.

Description	Quantity	Unit	Rate	Total
Labor				
3 man Crew (1 Week)	3	Days	$ 900.00	$2,700.00
				0
				0
			Total Labor	**$ 2,700.00**
Materials				
Pipe Sand Bedding	1	LS	$ 400.00	$ 400.00
				0
				0
			Total Materials	**$ 400.00**
Equipment				
Mini Excavator	3	Days	$ 200.00	$ 600.00
				0
				0
			Total Equipment	**$ 600.00**
			Grand Total	**$ 3,700.00**

BM Benchmark Construction, LLC

119 N. 17th Street
McAllen, TX 78501
Phone:956-627-3121 FAX:956-627-3163
gboghs@yahoo.com

Invoice

Date	Invoice #
8/24/2026	10561

Bill To	Ship To
Hidalgo County 100 E Cano, 2nd Floor Edinburg, TX 78539	

Project	P.O. No.	Terms	Rep

Item	Description	Order...	Prev. Invoi...	Invoiced	Rate	Amount
Construction ...	Change Order #22 As per the City of Hidalgo Fire Mashals requested the FC line to be relocated $2,700.00 Labor $400.00 Material $600.00 Equipment *See atttached for invoice with breakdown				3,700.00	3,700.00
Construction ...	Overhead & Profit 5%				185.00	185.00

Subtotal	$3,885.00
Sales Tax (8.25%)	$0.00
Total	$3,885.00
Payments/Credits	$0.00
Balance Due	$3,885.00

Phone #	E-mail
9566838835	gboghs@yahoo.com

Line Item 13 and 14

Alamo Door Systems, Inc.
16417 Alamo Drive
Harlingen, TX 78552

(956) 365-3667 Phone
(956) 365-4238 Fax

Invoice

Date	Invoice #
6/1/2026	94627

Name / Address
BM Benchmark Construction, LLC P O Box 720083 McAllen, TX 78504

WE OFFER 24 HOUR EMERGENCY SERVICE

Project
Hidalgo Co HC

Description	Qty	Rate	Total
(6) Stalls, (2) 24" X 48" Wall Hung Screens Materials: Moisture Guard Plastic Laminate Mounting Style: Floor Mounted, Headrail Braced Color: Standard TBD Hardware: Standard Brackets: Standard *** 5 YEAR MANUFACTURER WARRANTY ***	1	4,675.00	4,675.00T
Incoming Freight	1	745.00	745.00T
Special order items require a 50% non-refundable deposit with the balance due at receipt of materials No installation or delivery If paying with credit card add $176.01 for the 3% convenience fee			
Down payment $2,710.00 ck# 3897 - Remaining balance $3,157.15	1	-2,710.00	-2,710.00

Subtotal	$2,710.00
Sales Tax (8.25%)	
Total	$2,710.00

Line Item 13 and 14

Invoice

Alamo Door Systems, Inc.
16417 Alamo Drive
Harlingen, TX 78552

Date	Invoice #
6/30/2026	186599

Bill To

BM Benchmark Construction, LLC
P O Box 720083
McAllen, TX 78504

PLEASE MAIL PAYMENTS TO:

Alamo Door Systems
16358 Nacogdoches Road
San Antonio, TX 78247

WE OFFER 24 HOUR EMERGENCY SERVICE

P.O. No.	Terms	Due Date	Project	Technician
		6/30/2026	Hidalgo Co HC	

Item Code	Quantity	Description
GB36	5	36" Grab Bar S.S. 1.5" OD
GB42	5	42" Grab Bar S.S. 1.5" OD
Mirror 18x36	5	18" x 36" Chan-Lok Mirror
		If paying with credit card add $24.15 for the 3% convenience fee
		Exemption or Resale Certificate On File

For questions regarding this invoice:

Harlingen Phone # 956-365-3667

Total	$1,550.00
Payments/Credits	$0.00
Balance Due	$1,550.00

CONTRACTOR TIME STATEMENT

PAY APP NO.	11	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	6/1/2026			DATE WORK COMPLETED	6/30/2026

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

NO. OF CONTRACT WORKING DAYS	375	NO. WORKING DAYS CHARGED TO DATE	372
		NO. CREDITED DAYS TO DATE	10
ASSESSED LIQUIDATED DAMAGES:	0	PER DAY $ 500.00	TOTAL $ 0

CERTIFIED AS CORRECT

ENGINEER/CONSTRUCTION MANAGER

B2Z ENGINEERING

CONTRACTOR TIME STATEMENT

PAY APP NO.	11	CONTRACTOR	BM Benchmark Construction, LLC.		
PROJECT NAME		Hidalgo Health Clinic - CMAR			
CONTRACT NO.	ARPA 22-340-088	OWNER	Hidalgo County - Pct. #2	NOTICE-TO-PROCEED	6/4/2025
TIME COMPUTED FROM	7/1/2026			DATE WORK COMPLETED	7/31/2026

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

NO. OF CONTRACT WORKING DAYS	375	NO. WORKING DAYS CHARGED TO DATE	403
		NO. CREDITED DAYS TO DATE	10
ASSESSED LIQUIDATED DAMAGES:	0	PER DAY $ 500.00	TOTAL $ 0

CERTIFIED AS CORRECT

ENGINEER/CONSTRUCTION MANAGER

B2Z ENGINEERING

Prevailing Wage Rates
Certification Statement

Date August 14, 2026

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

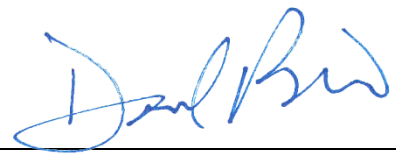
CSJ# N/A

Contractor: BM Benchmark Construction, LLC.

Application# 11

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-347or 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

Wight Painting 5111 N.10th St. #170 McAllen, TX. 78504 (956)451-5113

Line Item 15

July 31, 2026

Benchmark Construction, Inc.
McAllen, TX 78501

Invoice 146

Ref: Hidalgo Health Clinic

This invoice is for the labor and materials required to complete the following items:

To paint interior walls with "Snowbound White" & "Smokey Blue"

Invoice amount $6,830.00

Checks are to be made payable to: Suarez Painting LLC

This is an electronic correspondence. If an original on company letterhead is required, please let me know.

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

WAGE AND HOUR DIVISION
Revised December 2008

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

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

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
Suarez Painting LLC	1311 Hampton St San Juan, TX 78589	6	07/18/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				12	13	14	15	16	17	18										
				HOURS WORKED EACH DAY																
H Suarez 5946		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
A Alvarado 1438		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
J Gomez 5147		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
M Garcia 7721		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

(over)

DOL WH-348 | Statement of Compliance

Date July 20, 2026

I, Hiram Suarez (Name of Signatory Party) Owner (Title)

do hereby state:

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

Suarez Painting (Contractor or Subcontractor) on the

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

12 day of July, 2026, and ending the 18 day of July, 2026,

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

Suarez Painting 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	SIGNATURE
Hiram Suarez-Owner	HS.

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

WAGE AND HOUR DIVISION
Revised December 2008

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NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	OMB No. 1235-0008
Suarez Painting LLC	1311 Hampton St San Juan, TX 78589	**Expires 09/30/2026**

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
7	07/25/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				19	20	21	22	23	24	25										
				HOURS WORKED EACH DAY																
H Suarez 5946		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
A Alvarado 1438		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
J Gomez 5147		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
M Garcia 7721		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	

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

Public Burden Statement

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

(over)

DOL WH-348 | Statement of Compliance

Date July 27, 2026

I, Hiram Suarez (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Suarez Painting (Contractor or Subcontractor) on the Hidalgo Health Clnic (Building or Work); that during the payroll period commencing on the 19 day of July, 2026, and ending the 25 day of July, 2026, 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 Suarez Painting 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	SIGNATURE
Hiram Suarez-Owner	HS.

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	OMB No. 1235-0008
Suarez Painting LLC	1311 Hampton St San Juan, TX 78589	**Expires 09/30/2026**

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
8	08/01/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				26	27	28	29	30	31	01										
				HOURS WORKED EACH DAY																
H Suarez 5946		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
A Alvarado 1438		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
J Gomez 5147		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
M Garcia 7721		Painter	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	20.00	$800.00							$800.00
			O																	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

(over)

DOL WH-348 | Statement of Compliance

Date August 1, 2026

I, Hiram Suarez (Name of Signatory Party) Owner (Title)

do hereby state:

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

Suarez Painting (Contractor or Subcontractor) on the

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

26 day of July, 2026, and ending the 1 day of August, 2026,

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

Suarez Painting 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	SIGNATURE
Hiram Suarez-Owner	H.S.

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.

Line Item 22

FireDefense Pros LLC

SCR-G-2617820

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

Invoice

Date	Pay Application
7/28/2026	3

Bill To
Benchmark Construction

Project
Hidalgo Health Clinic

FireDefense Pros LLC
TRUST THE PROFESSIONALS

Item Description	Contract Amount	Prior %	Current %	Total % to Date	Prior Amount	Current Amount	Total to Date
Fire Flow & Design Plans	$2,300.00	100%	0.00%	100%	$2,300.00	$0.00	$2,300.00
Underground Fire & FDC Line	$30,950.00	20%	75.00%	95%	$6,190.00	$23,212.50	$29,402.50
Above Ground Fire Sprinkler	$44,100.00	75%	20.00%	95%	$33,075.00	$8,820.00	$41,895.00
Subtotal	**$77,350.00**						
Contract Total	$77,350.00						

TOTAL THIS PERIOD	$32,032.50
PREVIOUS PAYMENTS	$41,565.00
BALANCE DUE THIS INVOICE	**$32,032.50**

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
FireDefense Pros LLC	1709 Dulcinea Ave Edinburg, TX 78539	5	07/11/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				05	06	07	08	09	10	11										
				HOURS WORKED EACH DAY																
Beto Cantu 1454		Technician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
Eduardo Lozano 2656		Technician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
			O																	
			S																	
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			S																	

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Public Burden Statement

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(over)

DOL WH-348 | Statement of Compliance

Date July 27, 2026

I, Omar Anzaldua (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by FireDefense Pros LLC (Contractor or Subcontractor) on the Hidalgo Health Clnic (Building or Work); that during the payroll period commencing on the 05 day of July, 2026, and ending the 11 day of July, 2026, 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 (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	SIGNATURE
Omar Anzaldua-Owner	Omar Anzaldua

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	OMB No. 1235-0008
FireDefense Pros LLC	1709 Dulcinea Ave Edinburg, TX 78539	**Expires 09/30/2026**

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
6	07/25/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				19	20	21	22	23	24	25										
				HOURS WORKED EACH DAY																
Beto Cantu 1454		Technician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
Eduardo Lozano 2656		Technician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
			O																	
			S																	
			O																	
			S																	
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Public Burden Statement

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(over)

DOL WH-348 | Statement of Compliance

Date July 27, 2026

I, Omar Anzaldua (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by FireDefense Pros LLC (Contractor or Subcontractor) on the Hidalgo Health Clnic (Building or Work); that during the payroll period commencing on the 19 day of July, 2026, and ending the 25 day of July, 2026, 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 (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	SIGNATURE
Omar Anzaldua-Owner	Omar Anzaldua

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.

Line Item 19

Invoice

D. Montez Plumbing LLC

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

Invioce No.	Date
3215	06/31/26

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	$37,375.00

Texas State Board of Plumbing Examiners P.o. Box 4200	Total	$37,375.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
D Montez Plumbing LLC	405 E University Dr Edinburg, TX 78542	7	07/11/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				05	06	07	08	09	10	11										
				HOURS WORKED EACH DAY																
Ricardo Perez 1619		Plumber	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
Leo Trevino 1738		Plumber	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

(over)

DOL WH-348 | Statement of Compliance

Date July 13, 2026

I, David Montez (Name of Signatory Party) Owner (Title)

do hereby state:

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

D Montez Plumbing LLC (Contractor or Subcontractor) on the

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

5 day of July, 2026, and ending the 11 day of July, 2026,

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	SIGNATURE
David Montez-Owner	D Montez

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑
D Montez Plumbing LLC

ADDRESS 405 E University Dr
Edinburg, TX 78542

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

PAYROLL NO. 8

FOR WEEK ENDING 07/18/2026

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

PROJECT OR CONTRACT NO.
C24-0253-04-29

(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	
				12	13	14	15	16	17	18										
				HOURS WORKED EACH DAY																
Ricardo Perez 1619		Plumber	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
Leo Trevino 1738		Plumber	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
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Public Burden Statement

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

(over)

DOL WH-348 | Statement of Compliance

Date July 21, 2026

I, David Montez (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by D Montez Plumbing LLC (Contractor or Subcontractor) on the Hidalgo Health Clnic (Building or Work); that during the payroll period commencing on the 12 day of July, 2026, and ending the 18 day of July, 2026, 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	SIGNATURE
David Montez-Owner	D. Montez

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

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑
D Montez Plumbing LLC

ADDRESS 405 E University Dr
Edinburg, TX 78542

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

PAYROLL NO.: 9

FOR WEEK ENDING: 07/25/2026

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

PROJECT OR CONTRACT NO.: C24-0253-04-29

(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	
				19	20	21	22	23	24	25										
				HOURS WORKED EACH DAY																
Ricardo Perez 1619		Plumber	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
Leo Trevino 1738		Plumber	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
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Public Burden Statement

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(over)

DOL WH-348 | Statement of Compliance

Date July 27, 2026

I, David Montez (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by D Montez Plumbing LLC (Contractor or Subcontractor) on the Hidalgo Health Clnic (Building or Work); that during the payroll period commencing on the 19 day of July, 2026, and ending the 25 day of July, 2026, 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	SIGNATURE
David Montez-Owner	D. Montez

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.

Dynamic Fire &Security
956-869-9957
825 N. Ware Rd
Mcallen, TX 785041

Prepared For
George Boghs
Benchmark Construction
119 N. 17th St.
Mcallen, TX 78501

Invoice Date
07/07/2026

Invoice Number
2005617

Description	Rate	Qty	Line Total
Hidalgo Health Clinic Fire Alarm System for Hidalgo Health Clinic	$6,800.00	1	$6,800.00

Subtotal	$6,800.00
Tax (8.25%)	
Estimate Total (USD)	$6,800.00

DOL WH-347 | Payroll Form

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

WAGE AND HOUR DIVISION
Revised December 2008

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

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
Dynamic Fire & Security Services LLC	825 N Ware Rd STE B Mcallen, TX 78501	1	07/15/2026	Hidalgo Health Clinic 702 E Ramon Ayala Dr Hidalgo, TX 78557	C24-0253-04-29

(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	
				09	10	11	12	13	14	15										
				HOURS WORKED EACH DAY																
Albert Salinas 9241		Technician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	30.00	$1,200.00							$1,200.00
Julio Santos 3826		Technician	O																	
			S		8.00	8.00	8.00	8.00	8.00		40.00	25.00	$1,000.00							$1,000.00
			O																	
			S																	
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Public Burden Statement

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(over)

DOL WH-348 | Statement of Compliance

Date July 18, 2026

I, Omar Anzaldua (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Dynamic Fire & Security Services LLC (Contractor or Subcontractor) on the Hidalgo Health Clnic (Building or Work); that during the payroll period commencing on the 9 day of July, 2026, and ending the 15 day of July, 2026, 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 Dynamic Fire & Security Services 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	SIGNATURE
Jose Nunez-Manager	Jose Nunez

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.

Allowance Expenditure Authorization

Project:	Hidalgo County Health Clinic Hidalgo	**Authorization No.**	3
Contract No.:	C-24-0253-04-29	**Date:**	5/27/2026
To :	Benchmark Construction, LLC.		
Attention:	George Boghs		

You are authorized to perform the following items(s) of work and to adjust the allowance sum accordingly, as indicated below. This is not a change order and does not increase nor decrease the contract amount.

Description of Work: CPR 10, 17, 18, and 19
Change Request #003

Item #			
1	CPR 10 Specimen Pass Through Cabinets	$	3,355.08
2	CPR 17 (5) Overflow Roof Scuppers	$	6,575.00
3	CPR 18 Light Kits	$	1,200.15
4	CPR 19 RFP on Wet Walls	$	2,022.20
		$	**13,152.43**

Original Owner Allowance Sum	$	100,000.00
Allowance Expenditures Prior to this Authorization	$	18,117.75
Allowance Balance Prior to this Authorization	$	81,882.25
Allowance Sum will be decreased by this Authorization	**$**	**13,152.43**
New Owner Allowance Sum	$	68,729.82

This Allowance Expenditure represents adjustments to the Allowance Balance as noted above and described herein.

Accepted and agreed to by:

Benchmark Construction, LLC. — Signature — 5/28/26 — Date

Hidalgo County Health Dept. — Signature — Date

B2Z Engineering, LLC. — Signature — 5/27/2026 — Date

Accepted and agreed to on behalf of Hidalgo County:

Hidalgo County — Signature — Date

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON June 9, 2026

Agenda Item No. 103621 **Executive Office: _____**

CONTRACTOR:
BM Benchmark Construction, LLC

_____
George Boghs, President

COUNTY:
COUNTY OF HIDALGO

_____
Hon. Richard F. Cortez, County Judge

ATTEST:

_____
Arturo Guajardo, Jr., County Clerk

SUPPLEMENTAL SIGNATURES
B2Z Engineering, LLC

_____
Aisha Gonzalez, President

119 N. 17th Street
McAllen, TX 78501

Office: 956-627-3121
Fax: 956-627-3163

Change Order

Date	Proposal
5/5/2026	210116710

Project

Name / Address
Hidalgo County 100 E Cano, 2nd Floor Edinburg, TX 78539

Description	Total	Total
Hidalgo Health Clinic Change Order #10 Install & Furnish 2 Specimen Pass Thru Cabiets (Bobrick B-50517). Requested by Rigoberto Hinojosa (Hidalgo Health Dept) $1,637.55 Materials (1 Bobrick B-50517 @ $867.16 & 1 Bobrick B-50516 @ $770.39) $2,000.00 Labor to install pass thrus and close openings (framing, sheetrock, & tape, float and texture) Credit for 2'x2' Windows ($192.23) Materials ($250.00) Labor Overhead & Profit (5%) Sales Tax		3,637.55 -442.23 159.76 0.00

I propose hereby to furnish materials and labor, complete in accordance with above specifications, for the sum of:	**Total**	$3,355.08

Payment to be made as follows:
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

			05/27/26
Benchmark Construction LLC.	Date		Date

119 N. 17th Street
McAllen, TX 78501

Office: 956-627-3121
Fax: 956-627-3163

Change Order

Date	Proposal
5/5/2026	210116803

Project

Name / Address

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

Description	Total	Total
Hidalgo Health Clinic Change Order 17 Furnish & install 5 Overflow Scuppers $2,075.00 Materials ($415 per Scupper) $4,500.00 Labor ($900 each to install)(Cut wall, flashing, waterproof, framing, install scupper, TPO membrane work, roof tie in, patch brick if needed) Sales Tax		6,575.00 0.00

I propose hereby to furnish materials and labor, complete in accordance with above specifications, for the sum of:

Total $6,575.00

Payment to be made as follows:
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Benchmark Construction LLC. Date

05/27/26
Date

119 N. 17th Street
McAllen, TX 78501

Office: 956-627-3121
Fax: 956-627-3163

Change Order

Date	Proposal
5/14/2026	210116804

Project

Name / Address
Hidalgo County 100 E Cano, 2nd Floor Edinburg, TX 78539

Description	Total	Total
Hidalgo Health Clinic Change Order 18		
Increase in light kits originally proposed on plans		1,143.00
Original plans show 8 doors with light kits with 24" x 24" vision frames and glass (-$1,575.00)		
RFI 17 added a total of 18 doors with light kits with 6" x 30" vision frames & glass ($2,718.00)		
Overhead & Profit		57.15
Sales Tax		0.00

I propose hereby to furnish materials and labor, complete in accordance with above specifications, for the sum of:

Total $1,200.15

Payment to be made as follows:
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Benchmark Construction 4.13.C.

Date

05/27/26

Date

BM Benchmark Construction, LLC

119 N. 17th Street
McAllen, TX 78501

Office: 956-627-3121
Fax: 956-627-3163

Estimate

Date	Proposal #
5/18/2026	210116816

Project

Name / Address
Hidalgo County 100 E Cano, 2nd Floor Edinburg, TX 78539

Description	Qty	Total
Hidalgo Health Clinic Change Order #19 Add FRP to wet walls in all restrooms. $1,125.90 Materials (see attached for invoices) $800.00 Labor (see attached for invoice) Overhead & Profit (5%) Sales Tax		 1,925.90 96.30 0.00
I propose hereby to furnish materials and labor, complete in accordance with above specifications, for the sum of:	**Total**	$2,022.20

Payment to be made as follows:
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

			05/27/26
Benchmark Construction, LLC	Date	Customer Signature	Date

ACTION GYPSUM SUPPLY

24469 MILLENIUM DR.
HARLINGEN, TX 78550

Remit To: ACTION GYPSUM SUPPLY, LP
P.O. BOX 664113
DALLAS, TX 75266-4113

INVOICE

HAR0002887228-001

Invoice Date: 03/19/26
Account: 7386 0002
Branch: 28HAR
Phone: (956)-627-3121
Fax:
Delivery: HAR0002887228-001

Bill To: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501-4740

Ship To: BM - HIDALGO COUNTY HEALTH
702 E RAMON AYALA DR
GC: SAME
HIDALGO, TX 78557

PO: LIBORIO	Ref:	Job:	
Order Date: 03/17/26 **Ship Date:** 03/18/26	**Sales** DMATA **Agents** DMATA	**Order Type:** AGS DEL **Ordered By:** **Entered By:** DTATE	**Ship Via:** **Frt Term:** **Auth Chg:**

QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT
			Job Contact: 956.458.3814 Priced by: DM			
14	14	PC	48FRP 4' X 8' FRP WHITE 14/PC Loc:WH	14.0000/PC	48.70/PC	681.80
8	8	PC	10FRPIC WHITE INSIDE CORNER FRP 10' 8/PC Loc:WH	8.0000/PC	3.60/PC	28.80
12	12	PC	10FRPDB WHITE DIVISION BAR FRP 10' 12/PC Loc:WH	12.0000/PC	3.60/PC	43.20
12	12	PC	10FRPCS WHITE CAP STRIP FRP 10' 12/PC Loc:WH	12.0000/PC	3.60/PC	43.20
2	2	EA	FRPGLUE FRP GLUE 4 GAL TITEBOND FAST GRAB 4054 2/EA Loc:WH	2.0000/EA	50.50/EA	101.00
2	2	EA	PT187 V-NOTCH TROWEL 3/16 2/EA Loc:WH	2.0000/EA	2.15/EA	4.30
			Subtotal			902.30

Proof of Delivery Signature
03/18/26 10:17:55

If this invoice contains taxes and should be tax exempt please remit the appropriate tax exempt/resale certificate to TaxCert@actiongypsum.com

ACTION GYPSUM SUPPLY

24469 MILLENIUM DR.
HARLINGEN, TX 78550

Remit To: ACTION GYPSUM SUPPLY, LP
P.O. BOX 664113
DALLAS, TX 75266-4113

INVOICE

HAR0002887228-001

Invoice Date: 03/19/26
Account: 7386 0002
Branch: 28HAR
Phone: (956)-627-3121
Fax:
Delivery: HAR0002887228-001

Bill To: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501-4740

Ship To: BM - HIDALGO COUNTY HEALTH
702 E RAMON AYALA DR
GC: SAME
HIDALGO, TX 78557

PO: LIBORIO	Ref:	Job:	
Order Date: 03/17/26 **Ship Date:** 03/18/26	**Sales** DMATA **Agents** DMATA	**Order Type:** AGS DEL **Ordered By:** **Entered By:** DTATE	**Ship Via:** **Frt Term:** **Auth Chg:**

QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT

ACTION GYPSUM SUPPLY LP RETURN POLICY
NO cash refunds. Returns must be made within 10 days of purchase. Proof of purchase required. We will NOT accept returns on special order material. Any refund is issued by check within 30 days of return. 15% restocking charge on all returned material.

Prices quoted are subject to change. If before or during the supply of the materials quoted, the price of the materials significantly increases, through no fault of Action Gypsum Supply (e.g., in the event of a manufacturer increase of force majeure event), Action Gypsum reserves the right to increase the quoted price(s) accordingly.

* EARLY PAY DISCOUNT IS FORFEITED WHEN PAYING WITH A CREDIT CARD

Payment Terms:
1% 10TH NET 20TH Due Date: 04/20/26
You may deduct 9.02 if paid by 04/10/26

Balance **$902.30**

Printed: 03/19/26 16:25:04

ACTION GYPSUM SUPPLY

24469 MILLENIUM DR.
HARLINGEN, TX 78550

Remit To: ACTION GYPSUM SUPPLY, LP
P.O. BOX 664113
DALLAS, TX 75266-4113

INVOICE

HAR0002889081-001

Invoice Date: 03/20/26
Account: 7386 0002
Branch: 28HAR
Phone: (956)-627-3121
Fax:
Delivery: HAR0002889081-001

Bill To: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501-4740

Ship To: BM - HIDALGO COUNTY HEALTH
702 E RAMON AYALA DR
GC: SAME
HIDALGO, TX 78557

PO: LIBORIO **Ref:** **Job:**

Order Date: 03/19/26	**Sales** DMATA	**Order Type:** AGS DEL	**Ship Via:** **Frt Term:**
Ship Date: 03/19/26	**Agents** DMATA	**Ordered By:**	
		Entered By: DTATE	**Auth Chg:**

QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT
			Job Contact: 956.458.3814 Priced by: DM			
5	4	PC	48FRP 4' X 8' FRP WHITE 4/PC Loc:WH	4.0000/PC	48.70/PC	194.80
2	2	PC	10FRPIC WHITE INSIDE CORNER FRP 10' 2/PC Loc:WH	2.0000/PC	3.60/PC	7.20
6	6	PC	10FRPDB WHITE DIVISION BAR FRP 10' 6/PC Loc:WH	6.0000/PC	3.60/PC	21.60
			Subtotal			223.60

Proof of Delivery Signature
03/19/26 13:17:24

BM

If this invoice contains taxes and should be tax exempt please remit the appropriate tax exempt/resale certificate to TaxCert@actiongypsum.com

ACTION GYPSUM SUPPLY LP RETURN POLICY
NO cash refunds. Returns must be made within 10 days of purchase. Proof of purchase required. We will NOT accept returns on special order material. Any refund is issued by check within 30 days of return. 15% restocking charge on all returned material.

Prices quoted are subject to change. If before or during the supply of the materials quoted, the price of the materials significantly increases, through no fault of Action Gypsum Supply (e.g., in the event of a manufacturer increase of force majeure event), Action Gypsum reserves

ACTION GYPSUM SUPPLY

24469 MILLENIUM DR.
HARLINGEN, TX 78550

Remit To: ACTION GYPSUM SUPPLY, LP
P.O. BOX 664113
DALLAS, TX 75266-4113

INVOICE

HAR0002889081-001

Invoice Date: 03/20/26
Account: 7386 0002
Branch: 28HAR
Phone: (956)-627-3121
Fax:
Delivery: HAR0002889081-001

Bill To: BM Benchmark Construction LLC
119 N 17th St
McAllen, TX 78501-4740

Ship To: BM - HIDALGO COUNTY HEALTH
702 E RAMON AYALA DR
GC: SAME
HIDALGO, TX 78557

PO: LIBORIO		Ref:		Job:	
Order Date: 03/19/26 **Ship Date:** 03/19/26	**Sales** DMATA **Agents** DMATA	**Order Type:** AGS DEL **Ordered By:** **Entered By:** DTATE		**Ship Via:**	**Frt Term:**
				Auth Chg:	

QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT
			the right to increase the quoted price(s) accordingly.			
			* EARLY PAY DISCOUNT IS FORFEITED WHEN PAYING WITH A CREDIT CARD			

Payment Terms:
1% 10TH NET 20TH Due Date: 04/20/26
You may deduct 2.24 if paid by 04/10/26

Balance **$223.60**

Printed: 03/20/26 10:13:29

JD Commercial Framing

PO BOX 1623, Pharr, TX 78577
Phone: (956)739-5331 **Email: jdgarcia262@gmail.com**

INVOICE NO. 234	03/27/2026

BILL TO	SHIP TO	PO#
BM Benchmark Construction 119 N. 17TH St. Mcallen, TX 78501	Liborio Garza JR	

DESCRIPTION	TOTAL
HIDALGO CONTRY HEALTH CLINIC 702 E. Ramon Ayala Dr. Hidalgo, TX 78557	
• Install FRP Panels in Restrooms	
TOTAL AMOUNT	**$ 800.00**

Payment due at 15th day

Thank you for your business!

Allowance Expenditure Authorization

Project:	Hidalgo County Health Clinic Hidalgo	**Authorization No.**	4
Contract No.:	C-24-0253-04-29	**Date:**	6/19/2026
To :	Benchmark Construction, LLC.		
Attention:	George Boghs		

You are authorized to perform the following items(s) of work and to adjust the allowance sum accordingly, as indicated below. This is not a change order and does not increase nor decrease the contract amount.

Description of Work: CPR 16 and 21
Change Request #004

Item #			
1	CPR 16 Installation of Fence & Bollards	$	6,090.00
2	CPR 21 Baby Changing Stations	$	1,678.93
		$	**7,768.93**

Original Owner Allowance Sum	$	100,000.00
Allowance Expenditures Prior to this Authorization	$	31,270.18
Allowance Balance Prior to this Authorization	$	68,729.82
Allowance Sum will be decreased by this Authorization	**$**	**7,768.93**
New Owner Allowance Sum	$	60,960.93

This Allowance Expenditure represents adjustments to the Allowance Balance as noted above and described herein.

Accepted and agreed to by:

Benchmark Construction, LLC. — Signature — Date: 6/19/26

Hidalgo County Health Dept. — Signature — Date

B2Z Engineering, LLC. — Signature — Date: 6/19/2026

Accepted and agreed to on behalf of Hidalgo County:

Hidalgo County — Signature — Date

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON JUNE 23, 2026

Agenda Item No. 103771 **Executive Office: _____**

CONTRACTOR:
BM Benchmark Construction, LLC

_____
George Boghs, President

COUNTY:
COUNTY OF HIDALGO

_____
Hon. Richard F. Cortez, County Judge

ATTEST:

_____
Arturo Guajardo, Jr., County Clerk

SUPPLEMENTAL SIGNATURES
B2Z Engineering, LLC

_____
Aisha Gonzalez, President

119 N. 17th Street
McAllen, TX 78501

Office: 956-627-3121
Fax: 956-627-3163

Change Order

Date	Proposal
4/29/2026	210116794

Project

Name / Address

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

Description	Total	Total
Hidalgo Health Clinic		
Change Order 16		
Furnish & install black PVC chain link fence 104 Lf & 8' high with 1 double gate 6' x 8' opening.		3,550.00
$2,250 Materials		
$1,300 Labor		
Furnish & install 3 bollards		2,250.00
$1,800 Materials		
$450 Labor		
Overhead & Labor		290.00
Sales Tax		0.00

I propose hereby to furnish materials and labor, complete in accordance with above specifications, for the sum of:

Total $6,090.00

Payment to be made as follows:
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Benchmark Construction LLC. Date Date

BM Benchmark Construction, LLC

119 N. 17th Street
McAllen, TX 78501

Office: 956-627-3121
Fax: 956-627-3163

Estimate

Date	Proposal #
6/10/2026	210116833

Project

Name / Address
Hidalgo County 100 E Cano, 2nd Floor Edinburg, TX 78539

Description	Qty	Total
Hidalgo Health Clinic Change Order 21 Furnish & Install 2 Foundations Baby Changing Stations (Model #5410339, Frameless Surface Mounted Unit) $998.98 Materials (2 Stations @ $499.99 per unit) $600.00 Labor (2 Stations @ $300.00 per unit) Overhead & Profit 5% Sales Tax		1,598.98 79.95 0.00

I propose hereby to furnish materials and labor, complete in accordance with above specifications, for the sum of:

Total $1,678.93

Payment to be made as follows:
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Benchmark Construction LLC. Date Customer Signature Date

AJ STEEL & RIGGING LLC
5030 N Los Ebanos Rd
Mission, TX 78573-7850 US
+19565666198
ajsteelrgv@gmail.com

Invoice

AEA #5

BILL TO
BM Benchmark Construction LLC
Hidalgo County Health Clinic in Hidalgo, TX.

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
142	07/28/2026	$10,304.00	07/28/2026	Net 30	

PMT METHOD
Check

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	02 Site Work	Furnish new cedar material for canopy measuring approximately 17’-6"x12’6"	1	9,000.00	9,000.00
	02 Site Work	Labor for framing and installation of canopy	1	8,000.00	8,000.00
	02 Site Work	Furnish and install standing seam roof panels	1	6,000.00	6,000.00
	02 Site Work	Labor and material for staining cedar canopy	1	2,760.00	2,760.00

60% in the amount of $15,456.00.

SUBTOTAL	25,760.00
TAX (8.25%)	0.00
TOTAL	25,760.00
DEPOSIT	15,456.00
BALANCE DUE	**$10,304.00**