

October 31, 2024

Mr. Andy Mogle, Purchasing Agent City of Avon Park 110 E. Main Street Avon Park, Florida 33825

> RE: CDBG #10122 – Fire Station Hardening Project L. Cobb Construction, Inc.'s Application for Payment Number Two (#2)

Dear Mr. Mogle:

I have reviewed the documents and Application for Payment number two (#2) submitted by the contractor, L. Cobb Construction, Inc. for the period ending September 30, 2024. As part of this pay application the following payrolls are included:

1. L. Cobb Construction, Inc. – Number one (#1) thru number three (#3);

We have verified the payrolls for Davis Bacon compliance and found no discrepancies; therefore, we recommend payment be issued to L. Cobb Construction, Inc. in the amount of \$48,23.68.

If you have any questions, please do not hesitate to contact me at (904) 810-5183.

Sincerely,

Melissa N. Fox

Melissa N. Fox Grants Compliance Manager

Enclosure

APPLICATION AND CERTIFICATE OF	F PAYMENT			
TO (OWNER):	PROJECT:	Avon Park Fire Station Hardening	APPLICATION NO.2	
City of Avon Park 98 S. Delaney Ave Avon Park, FL, 33825		PO Number: 287969 124016	PERIOD ENDING:	9/31/2024
FROM (CONTRACTOR):				
L. Cobb Construction, Inc. 401 S. Eth Ave.	VIA (ENGINEER):		EXTENDED CONTRACT PERIOD:	
CONTRACTOR'S APPLICATION FOR PAYMENT		EXI Application is made for Payment, as shown below, in connection with the Contract.	EXPIRED FROM COMMENCEMENT: e Contract.	
		Continuation Sheets are attached.		
ADDITIONS	DEDUCTIONS		\$ 659,247.07	Bond # 30125051
Approved this Month 00 # 0.00	0.00	2. Net change by Change Orders		
No. Date Approved 1 2 2 3		ы ч ч	\$ 659,247,07 \$ 79,997,09 50,824,93	(1 + 2) (43+4b+40)
9 4 ιο φ		 c. storted maternal 5. TOTAL RETAINAGE: a 5% Retainage - Previous Work Periods b 5% Retainance - This Work Period 	0.00 \$ 3,999.85 1,458.61 \$ 3,999.85 2.644.26	(5a+5b+5c)
00 ~1		 5% Retainage - Trus Work Feriod 5% Retainage - Stored Material TOTAL EARNED LESS RETAINAGE 		
0 0		7. LESS PREVIOUS CERT. FOR PAYMENT 8. LESS PREVIOUS CREDITS 9. LESS PREVIOUS CREDITS	27,71	(4 - 5)
<u>;</u> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		9. PLUS DESIGNATED MOBILIZATION PAYMENT (DMP) 10. CURRENT PAYMENT DUE	\$ 0.00 \$ 48,283.68	(Orig. DMP Less DMP * % Compl) (6-7-8+9)
TOTALS	0.00	11. BALANCE TO FINISH (INCLUDING RETAINAGE)	ŝ	(3-4+5)
Iner criarige by Change Orders Contractor hereby certifies that, except as specifically indicated on the attached documents, there are no Claims of	ts, there are no Clairns of	MONETARY PROGRESS: State of: Florida	County of Hardee	
Contractor, its Subcontractors or Suppliers as of the date of this Application for Payment that have not been completely treastored, that the Contractor has no knowledge of any unsolved Claims by Subcontractors or Suppliers, that all Subcontractors and Suppliers have been paid to date from funds received for previous Applications for Payment, that there is no known basis for fingt of any Claim on the Work and Contractor, upon receipt of funds due in this Application for Approxim, thereafter releases the Owner from any claims arisin from the Work, excercit for mark due to this Application for Approxim, thereafter releases the Owner from any claims arisin from the Work, excercit for mark due in the Application for the submethy releases the Owner from any claims arisin from the Work, excercit for mark due in the Application for the Application for the More free and the Application for the Work, excercit for mark to the Application for the submethy for the Application for the More free and the Application for the Work excercit for mark to the Application for the Application for the More free and the Application for the Work excercit for mark to the Application for the Application for the Application for the More free and the Application for the Work excercit for mark to the Application for the Application for the Application for the Work excercit for mark to the Application for the Application f	that have not been boontractors or Suppliers, vious Applications for , upon receipt of funds due in e Work, exceent for retainage	it was acknowledged before me n Inc., a Florida corporation, on	this $\frac{2^{4r}6f}{16}$ of $\frac{1}{6}$	Clay Cobb of of of ally known to me or has produced
ain line i Bulance artikes from their sectors are second for the burner for the second s		as identification and did (did not) take an oath.	not) take an oath.	
CONTRACTOR: COBB SITE DEVEDPMENT INC By:	4C/1/01	NOTARY Cole Buchannes	752 5 rvices	My Commission Expi 6/2/2025
0		AMOUNT CERTIFIED:	00 000 0V	
In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Engineer certifies to the Dwiner that to the best of the Engineer's stowedge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the	 data comprising the above Medge, information and belief Contract Documents, and the 	CONTRACTED:		
Contractor is entitled to payment of the AMOUNT CERTIFIED.	•	By:Date:		
ENGINEER:		By: Date:		
		ByDate:		
By: 0116/2024		This Certificate is not negotiable. The ANOUNT 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.	o Contractor named herein. of the Owner or Contractor	

		CONTRACT	OR: L.	Cobb Cons	CONTRACTOR: L. Cobb Construction. Inc.	and	PERIOD ENDING: 0/24/0024	019410004							
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(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. 1

(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 arrount 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. I 2

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS: 24016/SC24012	
NAME AND TITLE April Diaz - Payroll Manager	SIGNATURE Die
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. 8 31 OF THE UNITED STATES CODE.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR CONIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 11 OF THE UNITED STATES CODE.

NAME OF CONTRACTOR C R SUBCONTRACTOR C 09/2 L Cobb Construction PAYROLL NO. 2 (1) (2) (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	-uction -uction -or WeEK ENDING -or WEEK ENDING 09/20/2024 09/20/2024 ProJECT AND LOCATION (3) (4) DAY AND DATE (5) (5) (6) (7) (7) (7) (8) (4) IA (17) 16 (17) 16 (17) 16 (17) 16 (5) (6) (7) (7)	ADDRESS 401 S 6th Ave Wauchula, FL 33873	1					Lev. D	
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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.

10/23/24 Date

I, April Diaz	Payroll Manager
(Name of Signatory Party)	(Title)
do hereby state:	
(1) That I pay or supervise the payment of the persons employed by	red by
L Cobb Construction	
(Contractor or Subcontractor)	
Avon Park Fire Station : that during	: that during the navroll nariod commonoing on th
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14 day of September, 2024, and ending the 20 day of	⁰ dav of September 2024
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	wages earned, that no rebates have
L Cobb Construction	ferrer than
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations. Pa 3 (29 C.F.R. Sublitte A), issued by the Secretary of Lahr under the Constant of the constant of the cost.	peen made either directly or indirectly aductions as defined in Regulations, P

r indirectly julations, Part d (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

from the full

Other Deductions: 401K

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. (2) That any payrolls otherwise under this contract required to be submitted for the above period are

(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 hourty 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. I

(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. I 2

(c) EXCEPTIONS

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ncing on the 2024

EXCEPTION (CRAFT)	EXPLANATION	
Remarks: 24016/SC24012		
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April Diaz - Payroll Manager	Kent Right	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. 8 31 OF THE UNITED STATES CODE.	THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY FUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 10 OF THE UNITED STATES CODE.	

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G B NUMBER WITHHOLDING NO. OF NO. OF NO. OF SECURITY SECURITY NO. OF SECURITY SECURE	ction		ADDRESS 401	ADDRESS 401 S 6th Ave Wauchula, FL 33873	ula, FL 338	s control num	ioer.			Rev. Dec. 2008 OMB No.: 1235- Expires: 02/28/	Rev. Dec. 2008 OMB No.: 1235-0008 Expires: 02/28/2018
EXEMPTIONS WITHHOLDING CURRETY S G NU S CURRETY S CURRETY S COF	FOR WEEK ENDING	09/27/2024	PROJECT AND LOCATION Avon Park Fire Station	ocation e Station				PROJECT OF	PROJECT OR CONTRACT NO.	NO.	
EXEMPTIONS WITHHOLDING RC UMBER NO, OF RC UMBER RC UMBERC	(3)	(4) DAY AND DATE	_								
SECURITY OF HE		Sat Sun Mon The Wed Thu Fri					DEDU	(8) DEDUCTIONS			(6)
	WORK CLASSIFICATION	K 21 22 23 24 25 26 27 HOURS WORKED EACH DAY	TOTAL RATE HOURS OF PAY	E AMOUNT NY EARNED	FICA	WITH- HOLDING TAX	Medical Insurace	Dental Insurance	OTHED	TOTAL	WAGES PAID
XX-2564	General Labor	0	\$37.50	S					1		LUK WEEN
Waddidia, TL 339/3		S 2.00	2.00 25.00	\$1,018.75	\$77.93	\$74.17			\$241.29	\$393.39	\$625.36
XXX-XX-2049	General Labor	0	\$24.00	00 \$32.00							
		2.00	2.00 16.00	186.00	\$84.83	\$123.42	\$69.77	\$6.00	\$16.83	\$300.85	\$885.15
<-XX-0206	General Labor	0	\$25.50	\$3							
Zolio Springs, FL 33890		5.00	2.00 17.00	\$403.75	\$30.88	\$25.00		d.,		\$55.88	\$347.87
		0									
		69									
		0									
		0									
		0									
		0									
		60									
		0									
While competion 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 contractors performing work on Federally financed or assisted construction contracts to respond to the information contactors performing work on Federally financed or assisted construction contracts to respond to the information contactors performing work on Federally financed or assisted construction contracts to respond to the information contactors performing work on Federally financed or assisted construction contracts to respond to the information contactors performing work on Federally financed or assisted construction contracts to respond to the information contactors performing work on Federally financed or assisted construction contracts to financed or assisted construction contracts to respond to the information contactors performing work on Federally financed or assisted construction contracts to respond to the information contactors performed in 20 C.F.R. §§ 3.3.5.5(a). The Copeland Act on a subcontractor performance or assisted construction contracts to financed or assisted construction contracts to respond to the information contactors performance or assisted construction contracts to the waters paid each antibuted in 20 C.F.R. §§ 3.3.5.5(a). The Copeland Act on a subcontractor of the value of the information contactors performance or assisted construction contracts to the value of the information contactors and to the information contactors performance or assisted construction contracts to the water of the water of the value of the information contactors and to the information contactors and the information contactors and to th	ntractors and subcourally financed or ass	intractors performing work on Federally finan sisted construction contracts to "furnish week	iced or assisted con dy a statement with	struction contracts to re respect to the wages p	aspond to the aid each empl	Information col ovee during th	ection contain a preceding w	ed in 29 C.F.I	3. §§ 3.3, 5.5(a). The Copelar	nd Act

any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have Washington, D.C. 20210

(over)

10/23/24 Date

I, April Diaz	Payroll Manager
(Name of Signatory Party)	(Title)
do hereby state:	
(1) That I pay or supervise the payment of the persons employed by	red by
L Cobb Construction	
(Contractor or Subcontractor)	
Avon Park Fire Station	that during the neuroll period commo
(Building or Work) 21 day of September 2024 and and ing the 27	
ject have been paid the full wee is or indirectly to or on behalf of	/ wages earned, that no reb
L Cobb Construction	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or from the full wages earned by any person, other than permissible deductions as defined in Reg	been made either directly or eductions as defined in Regi

3 (29 C.F.R. Subitite A), issued by the Secretary of Labor under the Copeland An explanations, Part 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.
Other Deductions: Child Summary Control Stat. 248, 248.

from the full

ates have 1

Other Deductions: Child Support, Dental, Post Tax Ancillary Insurance

(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 file 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 hourty 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. L

(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. 1 2

(c) EXCEPTIONS

- on the

ncing on the 2024

EXCEPTION (CRAFT)	EXPLANATION
REMARKS: L24016/SC24012	
Name and TITLe April Diaz - Payroll Manager	cloud Dicy
HE WILLEUL FALSIFICATION OF ANY OF THE ABOVE STA UBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. 5 1 OF THE UNITED STATES CODE.	THE WILLFUL FALSHFICATION OF ANY OF THE ABOVE STATEMENTS NAY SUBJECT THE CONTRAMOR OR SUBCONTRACTOR TO CIVIL OR CAMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

I, Corey Daniel Crouse, authorize my employer, L Cobb Construction, Inc. to make the following deductions from my pay:

	heck each deduction	that applies a	and fill in the amou	unt of the deduction beneath:
\$	Loan Repayment	R	etirement	Child Support
\$	Advance	XHe \$69.77	ealth Ins	Life Ins \$
\$	Garnishment Fee	X	Other	X Dental Ins
Reason fo	on is a percentage o or Deduction – Othe ntal insurance.	of the gross e er is \$1.42 fo	each pay period li r Vision Insuranc	st percentage% & ce & 15.41 for post tax
energy and the subscriptions				
	uction is to be made			duction is made, generally each time you
are paid dep		paid as indicate	ed below)	duction is made, generally each time you
are paid dep	ending how often you are	paid as indicate	ed below)	duction is made, generally each time you
are paid dep One t times	ending how often you are	paid as indicate	ed below) Monthly	

I, Luis Antonio Arias, authorize my employer, L Cobb Construction, Inc to make the following deductions from my pay:

Please check each deduction	that applies and fill in the	amount of the deduction beneath:				
Loan Repayment	Retirement	X_Child Support \$184.02				
Advance	Health Ins	Life Ins				
Garnishment Fee	Other	Dental Ins				
If deduction is a percentage of the gross each pay period list percentage% & Reason for Deduction						
This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you are paid depending how often you are paid as indicated below)						
One time only X	Weekly Month	ıly				
times for weeks						
Other:						
Signature: <u>i (</u>	5400					
Signature: $\frac{10/25/34}{25}$						

I, Isrrael Ontiveros, authorize my employer, L Cobb Construction, Inc to make the following deductions from my pay:

Please check each deduction	that applies and fill in the a	mount of the deduction beneath:				
Loan Repayment	XRetirement	Child Support				
Advance	Health Ins \$	Life Ins				
Garnishment Fee	Other	Dental Ins				
If deduction is a percentage of the gross each pay period list percentage% & Reason for Deduction						
This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you are paid depending how often you are paid as indicated below)						
One time only X	Weekly Monthl	у				
times for weeks						
Other:						
Signature: <u>Brack</u>	Amos	2				

Date: <u>10|25/24</u>

I, Antonio Carrillo, authorize my employer, L Cobb Construction, Inc to make the following deductions from my pay:

Please c	heck each deduction	that applies	and fill in the amou	unt of the deduction beneath:		
\$	Loan Repayment	F	Retirement	X_Child Support \$241.29		
\$	Advance	H	ealth Ins	Life Ins		
\$	Garnishment Fee	\$	Other	Dental Ins		
If deduction is a percentage of the gross each pay period list percentage% & Reason for Deduction						
This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you are paid depending how often you are paid as indicated below)						
One t	time only X	Weekly	Monthly			
times	s for weeks					
Other	r:					
Signature: Anlow Camel						
	0/26/24					



401 S. 6th Avenue Wauchula, FL 33873 Tel: 863-773-3839/Fax: 863-773-3214

September 27, 2024

Melissa Fox Fred Fox Enterprises, Inc. <u>melissa.fox@fredfoxenterprises.com</u> (904)669-8233

To Whom It May Concern:

L. Cobb Construction, Inc. and Cobb Site Development, Inc. authorize April Diaz with Certipay to sign our Certified Payroll Reports on behalf of the companies.

Sincerely,

ndell

Clay Cobb CEO