FRED FOX
ENTERPRISES, INC
Providing Grant Writing and Administration Services

October 31, 2024

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

RE: CDBG #I0122 – 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 PAYMENT

TO (OWNER):
City of Avon Park
98 S. Delaney Ave
Avon Park, FL, 33825
FROM (CONTRACTOR):
L. Cobb Construction, Inc.
401 S. 6th Ave.
Wauchula, FL 33873

PROJECT: **Avon Park Fire Station Hardening**
PO Number: 287969
L24016

VIA (ENGINEER):

APPLICATION NO.2
PERIOD ENDING: 9/31/2024
COMMENCEMENT DATE:
ORIGINAL CONTRACT PERIOD:
EXTENDED CONTRACT PERIOD:
EXPIRED FROM COMMENCEMENT:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner TOTAL THRU CO #	0.00	0.00
Approved this Month		
No. / Date Approved		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
TOTALS	0.00	0.00
Net change by Change Orders	0.00	

Contractor hereby certifies that, except as specifically indicated on the attached documents, there are no Claims of Contractor, its Subcontractors or Suppliers as of the date of this Application for Payment that have not been completely resolved, 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 filing of any Claim on the Work and Contractor, upon receipt of funds due in this Application for Payment, hereby releases the Owner from any claims arising from the Work, except for retainage.

CONTRACTOR: COBB SITE DEVELOPMENT INC.

By: _____ Date: 10/1/24
Name - **Clay Cobb** - Title - **CEO**

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

Bond # 30125051

1. ORIGINAL CONTRACT SUM			$ 659,247.07	
2. Net change by Change Orders			$ 0.00	
3. CONTRACT SUM TO DATE			$ 659,247.07	(1 + 2)
4. TOTAL COMPLETED & STORED TO DATE			$ 79,997.09	(4a+4b+4c)
a. Completed Work - Previous Work Periods	$	29,172.16		
b. Completed Work - This Work Period	$	50,824.93		
c. Stored Material	$	0.00		
5. TOTAL RETAINAGE:			$ 3,999.85	(5a+5b+5c)
a 5% Retainage - Previous Work Periods	$	1,458.61		
b 5% Retainage - This Work Period	$	2,541.25		
c 5% Retainage - Stored Material	$	0.00		
6. TOTAL EARNED LESS RETAINAGE			$ 75,997.23	(4 - 5)
7. LESS PREVIOUS CERT. FOR PAYMENT			$ 27,713.55	
8. LESS PREVIOUS CREDITS			$ 0.00	
9. PLUS DESIGNATED MOBILIZATION PAYMENT (DMP)			$ 0.00	(Orig. DMP Less DMP * % Compl)
10. CURRENT PAYMENT DUE			$ **48,283.68**	(6-7-8+9)
11. BALANCE TO FINISH (INCLUDING RETAINAGE)			$ 583,249.84	(3-4+5)

MONETARY PROGRESS: *12.13%* *TIME PROGRESS:*

State of: Florida County of: Hardee

The foregoing instrument was acknowledged before me this 1st of October, 2024 by ___Clay Cobb_____ of **L. Cobb Construction Inc.**, a Florida corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ as identification and did (did not) take an oath.

Notary: Cole Buchanan

NOTARY PUBLIC STATE OF FLORIDA

COLE BUCHANAN
Commission # HH 136752
Expires June 2, 2025
Bonded Thru Budget Notary Services

My Commission Expi 6/2/2025

ENGINEER'S CERTIFICATION FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Engineer certifies to the Owner that to the best of the Engineer'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.

ENGINEER:

By: _____ Date: _____

OAR:

By: _____ Date: 10/16/2024

AMOUNT CERTIFIED:

$ 48,283.68

CONTRACTED:

By: _____ Date: _____

By: _____ Date: _____

By: _____ Date: _____

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 #2 | CONTRACTOR: L. Cobb Construction, Inc. | PERIOD ENDING: 9/31/2024 | PROJECT: Avon Park Fire Station Hardening

ITEM NO.	DESCRIPTION OF WORK	Current Contract QUANT.	Avon Park Fire Station Harde	Current Contract UNIT PRICE	CURRENT CONTRACT AMOUNT (INCLUDES CO#1)	PREVIOUS APPL'S TOTAL *WORK* COMPLETED PREVIOUSLY		THIS APPLICATION *WORK* COMPLETED THIS PERIOD		STORED MATERIAL *PUT IN-PLACE*		TOTAL WORK COMPLETED TO DATE		BALANCE		% COM-PLETE
						QUANT.	$ AMOUNT	QUANT.	$ AMOUNT	QUANT.	$ AMOUNT	QUANT.	$ AMOUNT	QUANT.	$ AMOUNT	
	Schedule of Values															
	Mobilization	1.00	EA	$24,905.65	24,905.65	0.50	12,452.83	0.50	12,452.83		0.00	1.00	24,905.65	0.00	0.00	100%
Div 01	General Conditions	1.00	EA	$104,369.53	104,369.53		0.00		0.00		0.00	0.00	0.00	1.00	104,369.53	0%
Div 02	Demolition	1.00	EA	$19,006.37	19,006.37		0.00		0.00		0.00	0.00	0.00	1.00	19,006.37	0%
Div 03	Concrete	1.00	EA	$12,812.89	12,812.89		0.00	1.00	12,812.89		0.00	1.00	12,812.89	0.00	0.00	100%
Div 04	Masonry	1.00	EA	$11,993.88	11,993.88		0.00	1.00	11,993.88		0.00	1.00	11,993.88	0.00	0.00	100%
Div 05	Metals	1.00	EA	$7,151.05	7,151.05		0.00		0.00		0.00	0.00	0.00	1.00	7,151.05	0%
Div 06	Wood, Plastics and Composites	1.00	EA	$53,634.10	53,634.10		0.00		0.00		0.00	0.00	0.00	1.00	53,634.10	0%
Div 07	Thermal and Moisture Protection	1.00	EA	$84,453.68	84,453.68		0.00		0.00		0.00	0.00	0.00	1.00	84,453.68	0%
Div 08	Openings	1.00	EA	$164,355.03	164,355.03		0.00		0.00		0.00	0.00	0.00	1.00	164,355.03	0%
Div 09	Finishes	1.00	EA	$76,967.51	76,967.51		0.00		0.00		0.00	0.00	0.00	1.00	76,967.51	0%
Div 11	Equipment	1.00	EA	$9,903.39	9,903.39		0.00		0.00		0.00	0.00	0.00	1.00	9,903.39	0%
Div 23	HVAC	1.00	EA	$33,438.67	33,438.67	0.50	16,719.34	0.41	13,565.33		0.00	0.91	30,284.67	0.09	3,154.01	91%
Div 26	Electrical, Fire Alarm, conduit & wiring for div 27, 28	1.00	EA	$38,355.90	38,355.90		0.00		0.00		0.00	0.00	0.00	1.00	38,355.90	0%
Div 27	Communications	1.000	EA	$17,899.42	17,899.42		0.00		0.00		0.00	0.00	0.00	1.00	17,899.42	0%
	SUBTOTAL - BASE CONTRACT				**659,247.07**		**29,172.16**		**50,824.93**		**0.00**		**79,997.09**		**579,249.99**	**12.13%**
	TOTAL				**659,247.07**		**29,172.16**		**50,824.93**		**0.00**		**79,997.09**		**579,249.99**	**12.13%**

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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

U.S. Wage and Hour Division
Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐: L Cobb Construction

ADDRESS: 401 S 6th Ave Wauchula, FL 33873

PAYROLL NO.: 1

FOR WEEK ENDING: 09/13/2024

PROJECT AND LOCATION: Avon Park Fire Station

PROJECT OR CONTRACT NO.: L24016

(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: Sat 7	Sun 8	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13 — HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX	Medical Insurace	Dental Insurance	OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
Isrrael Ontiveros XXX-XX-5704 PO Box 774 Bowling Green, FL 33834	0	Mason / Finisher	O									$33.00	$396.00	$87.52	$87.13			$100.00	$274.65	$869.35
			S					9.00	9.00		18.00	22.00 ✓	$1,144.00							
Corvack N Bacon XXX-XX-4468 3802 Craig Ave Sebring, FL 33870	3	General Labor	O									$22.50	$300.00	$45.90	$3.85				$49.75	$550.25
			S				8.00	8.00	4.00		20.00	15.00	$600.00							
Luis Anonio Arias XXX-XX-5690 1340 Hwy 17 N Fort Meade, FL 33841	2	Mason / Finisher	O									$33.00	$352.00	$67.32	$25.00			$184.02	$276.34	$603.66
			S					8.00	8.00		16.00	22.00 ✓	$880.00							
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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)

Date 10/23/24

I, April Diaz (Name of Signatory Party) Payroll Manager (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by L Cobb Construction (Contractor or Subcontractor) on the Avon Park Fire Station (Building or Work); that during the payroll period commencing on the 7 day of September, 2024, and ending the 13 day 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 L Cobb Construction (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:

Other Deductions: Child Support & 401K

(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:
L24016/SC24012

NAME AND TITLE	SIGNATURE
April Diaz - Payroll Manager	April Diaz

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 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐ L Cobb Construction

ADDRESS 401 S 6th Ave Wauchula, FL 33873

OMB No.: 1235-0008
Expires: 02/28/2018

PAYROLL NO. 2

FOR WEEK ENDING 09/20/2024

PROJECT AND LOCATION Avon Park Fire Station

PROJECT OR CONTRACT NO. L24016

(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 — HOURS WORKED EACH DAY: Sat 14	Sun 15	Mon 16	Tue 17	Wed 18	Thu 19	Fri 20	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX	Medical Insurace	Dental Insurance	OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
Isrrael Ontiveros XXX-XX-5704 PO Box 774 Bowling Green, FL 33834	0	Mason / Finisher	O									$33.00	$126.50	$88.15	$88.12			$100.00	$276.27	$875.98
			S			5.75					5.75	22.00	$1,152.25							
			O																	
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Public Burden Statement

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Date 10/23/24

I, April Diaz (Name of Signatory Party) Payroll Manager (Title)

do hereby state:

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

L Cobb Construction (Contractor or Subcontractor) on the

Avon Park Fire Station (Building or Work); that during the payroll period commencing on the

14 day of September, 2024, and ending the 20 day 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

L Cobb Construction (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:

Other Deductions: 401K

(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:
L24016/SC24012

NAME AND TITLE	SIGNATURE
April Diaz - Payroll Manager	April Diaz

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 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division
Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐: L Cobb Construction

ADDRESS: 401 S 6th Ave Wauchula, FL 33873

PAYROLL NO.: 3

FOR WEEK ENDING: 09/27/2024

PROJECT AND LOCATION: Avon Park Fire Station

PROJECT OR CONTRACT NO.: L24016

(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: Sat 21	Sun 22	Mon 23	Tue 24	Wed 25	Thu 26	Fri 27 (HOURS WORKED EACH DAY)	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX	Medical Insurace	Dental Insurance	OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
Antonio Carrillo XXX-XX-2564 298 Griffin Rd Wauchula, FL 33873	3	General Labor	O									$37.50	$50.00							
			S					2.00			2.00	25.00 ✓	$1,018.75	$77.93	$74.17			$241.29	$393.39	$625.36
Corey Daniel Crouse XXX-XX-2049 PO Box 1993 Wauchula, FL 33873	0	General Labor	O									$24.00	$32.00							
			S					2.00			2.00	16.00	$1,186.00	$84.83	$123.42	$69.77	$6.00	$16.83	$300.85	$885.15
Verlis Matos Borges XXX-XX-0206 3434 Marion St Zolfo Springs, FL 33890	1	General Labor	O									$25.50	$34.00							
			S					2.00			2.00	17.00	$403.75	$30.88	$25.00				$55.88	$347.87
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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)

Date 10/23/24

I, April Diaz (Name of Signatory Party) Payroll Manager (Title)

do hereby state:

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

L Cobb Construction (Contractor or Subcontractor) on the

Avon Park Fire Station (Building or Work); that during the payroll period commencing on the

21 day of September, 2024, and ending the 27 day 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

L Cobb Construction (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:

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 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:
L24016/SC24012

NAME AND TITLE	SIGNATURE
April Diaz - Payroll Manager	April Diaz

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 231 OF TITLE 31 OF THE UNITED STATES CODE.

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, Corey Daniel Crouse, 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 $_____	_____ Child Support $_____
_____ Advance $_____	__X___ Health Ins $69.77	_____ Life Ins $_____
_____ Garnishment Fee $_____	____X___ Other $15.41	___X____ Dental Ins $6.00

If deduction is a percentage of the gross each pay period list percentage _____% & Reason for Deduction – Other is $1.42 for Vision Insurance & 15.41 for post tax supplemental insurance.

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 ____ Monthly

___ times for _____ weeks

___ Other:_____

Signature: _____

Date: 10/25/21

AUTHORIZATION FOR PAYROLL DEDUCTIONS

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 ____ Monthly

___ times for _____ weeks

___ Other:_____

Signature: Luis Arias

Date: 10/25/24

AUTHORIZATION FOR PAYROLL DEDUCTIONS

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 amount of the deduction beneath:

_____ Loan Repayment $_____	___X__ Retirement $100.00	_____ 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 ____ Monthly

___ times for _____ weeks

___ Other:_____

Signature: Isrrael Ontiveros

Date: 10/25/24

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, Antonio Carrillo, 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 $241.29
_____ 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 ____ Monthly

___ times for _____ weeks

___ Other:_____

Signature: Antonio Carrillo

Date: 10/26/24

L. COBB Construction Inc.

COBB SITE DEVELOPMENT INC

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

September 27, 2024

Melissa Fox
Fred Fox Enterprises, Inc.
melissa.fox@fredfoxenterprises.com
(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,

Clay Cobb
CEO