FRED FOX
ENTERPRISES, INC
Providing Grant Writing and Administration Services

January 21, 2025

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 Four (#4)

Dear Mr. Mogle:

I have reviewed the documents and Application for Payment number four (#4) submitted by the contractor, L. Cobb Construction, Inc. for the period ending October 31, 2024. As part of this pay application the following payrolls are included:

1. L. Cobb Construction, Inc. – Number nine (#9) thru number twelve (#12);
2. Cobb Roofing – Number one (#1) - FINAL

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 $116,409.46.

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
110 E Main St
Avon Park, FL, 33825

FROM (CONTRACTOR):
L. Cobb Construction, Inc.
401 S. 6th Ave.
Wauchula, FL 33873

PROJECT: **Avon Park Fire Station Hardening**
98 S. Delaney Ave, Avon Park, Fl, 33825
PO Number: 287969
L24016

VIA (ENGINEER):

APPLICATION NO.4
PERIOD ENDING: 11/30/24

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: 11/27/24

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			$ 246,317.85	(4a+4b+4c)
a. Completed Work - Previous Work Periods	$	123,781.58		
b. Completed Work - This Work Period	$	122,536.27		
c. Stored Material	$	0.00		
5. TOTAL RETAINAGE:			$ 12,315.89	(5a+5b+5c)
a 5% Retainage - Previous Work Periods	$	6,189.08		
b 5% Retainage - This Work Period	$	6,126.81		
c 5% Retainage - Stored Material	$	0.00		
6. TOTAL EARNED LESS RETAINAGE			$ 234,001.96	(4 - 5)
7. LESS PREVIOUS CERT. FOR PAYMENT			$ 117,592.50	
8. LESS PREVIOUS CREDITS			$ 0.00	
9. PLUS DESIGNATED MOBILIZATION PAYMENT (DMP)			$ 0.00	(Orig. DMP Less DMP * % Compl)
10. CURRENT PAYMENT DUE			$ **116,409.46**	(6-7-8+9)
11. BALANCE TO FINISH (INCLUDING RETAINAGE)			$ 425,245.11	(3-4+5)

MONETARY PROGRESS: *37.36%* *TIME PROGRESS:*

State of: Florida County of: Hardee

The foregoing instrument was acknowledged before me this 27th November, 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

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

My Commission Expi 6/2/2025

ARCHITECT'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.

ARCHITECT'S

By: _____ Date: 12/3/24

OAR:

By: _____ Date: _____

AMOUNT CERTIFIED: $ 116,409.46

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 #4 — CONTRACTOR: L. Cobb Construction, Inc. — PERIOD ENDING: 11/30/24 — 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 QUANT.	PREVIOUS APPL'S TOTAL *WORK* COMPLETED PREVIOUSLY $ AMOUNT	THIS APPLICATION *WORK* COMPLETED THIS PERIOD QUANT.	THIS APPLICATION *WORK* COMPLETED THIS PERIOD $ AMOUNT	STORED MATERIAL *PUT IN-PLACE* QUANT.	STORED MATERIAL *PUT IN-PLACE* $ AMOUNT	TOTAL WORK COMPLETED TO DATE QUANT.	TOTAL WORK COMPLETED TO DATE $ AMOUNT	BALANCE QUANT.	BALANCE $ AMOUNT	% COM-PLETE
	Schedule of Values															
	Mobilization	1.00	EA	$24,905.65	24,905.65	1.00	24,905.65		0.00		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	0.20	20,873.91	0.20	20,873.91		0.00	0.40	41,747.81	0.60	62,621.72	40%
Div 02	Demolition	1.00	EA	$19,006.37	19,006.37	0.60	11,403.82	0.30	5,701.91		0.00	0.90	17,105.73	0.10	1,900.64	90%
Div 03	Concrete	1.00	EA	$12,812.89	12,812.89	1.00	12,812.89		0.00		0.00	1.00	12,812.89	0.00	0.00	100%
Div 04	Masonry	1.00	EA	$11,993.88	11,993.88	1.00	11,993.88		0.00		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	1.00	84,453.68		0.00	1.00	84,453.68	0.00	0.00	100%
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	0.91	30,284.67		0.00		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	0.30	11,506.77	0.30	11,506.77		0.00	0.60	23,013.54	0.40	15,342.36	60%
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		123,781.58		122,536.27		0.00		246,317.85		412,929.22	37.36%
	TOTAL				659,247.07		123,781.58		122,536.27		0.00		246,317.85		412,929.22	37.36%

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. # 9

FOR WEEK ENDING 11/08/2024

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 2	Sun 3	Mon 4	Tue 5	Wed 6	Thu 7	Fri 8	(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
No hours worked			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

APPROVED JAN 06 2025
mn2

Date 12/24/24

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

1 day of November, 2024, and ending the 8 day of November, 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:

(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.: 10

FOR WEEK ENDING: 11/15/2024

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 9 / Sun 10 / Mon 11 / Tue 12 / Wed 13 / Thu 14 / Fri 15 — 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
No hours worked			O											
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(over)

APPROVED JAN 06 2025

MM2

Date 12/24/24

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

9 day of November, 2024, and ending the 15 day of November, 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:

(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. ~~10~~ 11

FOR WEEK ENDING 11/22/2024

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 16	Sun 17	Mon 18	Tue 19	Wed 20	Thu 21	Fri 22	(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
No hours worked			O																	
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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

APPROVED JAN 0 6 2025
MMJ

(over)

Date 12/24/24

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

16 day of November, 2024, and ending the 22 day of November, 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:

(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

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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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. ✓ 12

FOR WEEK ENDING 11/29/2024

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 23	Sun 24	Mon 25	Tue 26	Wed 27	Thu 28	Fri 29	(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
No hours worked			O																	
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APPROVED JAN 06 2025
MMJ

Date 12/24/24

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

23 day of November, 2024, and ending the 29 day of November, 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:

(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.

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

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.
COBB ROOFING	320 LAKE PARK DRIVE AVON PARK, FL 33825	1	11/15/2024	FIRE STATION - AVON PARK	I0122

(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: M 11	T 12	W 13	TH 14	F 15	S 9	S 10 — HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX			OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
FABIAN, JOSE L.	4	ROOFER	O										$717.50	$54.89	$40.18				$95.07	$622.43
			S	7.00	7.00	7.00	7.00	7.00			35.00	20.50 ✓	$717.50							
BACILIO, RUBEN	0	LABORER, GENERAL	O										$525.00	$40.16	$29.40				$69.56	$455.44
			S	7.00	7.00	7.00	7.00	7.00			35.00	15.00 Rest. paid	$525.00							
ALBERTO, JESUS	0	ROOFER	O										$647.50	$49.53	$36.26				$85.79	$561.71
			S	7.00	7.00	7.00	7.00	7.00			35.00	18.50 ✓	$647.50							
SMITH, EDWARD M	0	ROOFER	O										$1,050.00	$80.33	$58.80				$139.13	$910.87
			S	7.00	7.00	7.00	7.00	7.00			35.00	30.00 ✓	$1,050.00							
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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, NW, Washington, D.C. 20210

APPROVED JAN 21 2025

MNB

(over)

Date 1-7-25

I, CHASE COBB (Name of Signatory Party) LICENSED CONTRACTOR, Co-Owner. (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by COBB ROOFING INC (Contractor or Subcontractor) on the FIRE STATION (Building or Work); that during the payroll period commencing on the 11 day of NOV, 2024, and ending the 15TH day of NOV, 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 COBB ROOFING INC (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
CHASE COBB LICENSED CONTRACTOR CO-OWNER	

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.

L. Cobb Construction Application for Payment #4
Payroll Review - Computation of Restitution Determination

Employee	W/E	Hours	Wage Rate Paid	Wage Rate as per wage decision	Difference	Amount of Restitution Due
Ruben Bacilio	11/15/24	35	$ 15.00	$ 17.20	$ 2.20	$ 77.00
						$ -
				Ruben Bacilio	**TOTAL**	**$ 77.00**

Impact Staff Leasing LLC
1315 W. Indiantown Rd, 2nd Floor
Jupiter, FL 33458

Service Provided For
COBB ROOFING
320 LAKE PARK DRIVE
AVON PARK, FL 33825
(863) 453-6595

BANK OF AMERICA
JUPITER, FL

Check No. 3712691
Date: 01/17/2025

Pay To: **RUBEN QUERIAPA BACILIO**

This Amount: **SEVENTY-THREE AND 14/100 DOLLARS** ***$73.14***

RUBEN QUERIAPA BACILIO
3324 GREE ACRE WAY
SEBRING, FL 33870

MP

⑈3712691⑈ ⑆063100277⑆ 898078548997⑈

DETACH ALONG PERFORATION

KEEP LOWER PART FOR YOUR RECORDS

COBB ROOFING FEIN: 201698406

320 LAKE PARK DRIVE AVON PARK, FL 33825

I understand that I am not covered by Impact Staff Leasing's Workers' Compensation unless I am receiving a paycheck from Impact Staff Leasing.

Yo entiendo que no estoy cubierto por la Compensación de Trabajadores de Impact Staff Leasing a menos que yo este recibiendo un cheque de pago de Impact Staff Leasing.

***** Hours offered are the same as hours worked, unless otherwise noted.**

***** Horas ofrecidas son igual a horas trabajadas a menos que sea notificado**

***** òdtan ofri yo se menm bagay la kòm lè travay, sòf si otreman te note**

EMPLOYEE NAME	COMPANY NAME	CLIENT NO.	EMP NO.	SOCIAL SECURITY NO.	CHECK DATE	CHECK NO.
RUBEN QUERIAPA BACILIO	Impact Staff Leasing	002461	01022220442	8946	01/17/2025	3712691

	GROSS PAY	TIPS & NON-PAY	TAXES	DEDUCTIONS	NET PAY AFTER TAX	DIR. DEPOSIT	CHK AMT	FED. TAXABLE
THIS CHECK	79.20	0.00	6.06	0.00	73.14	0.00	73.14	79.20
YEAR-TO-DATE	2135.20	0.00	163.34	0.00	1971.86	0.00	1971.86	2135.20

Fed: M00 FL 00 00VAC Used: 0.0000 / Avail: 0.0000 - SICK Used: 0.0000 / Avail: 0.0000 Pay Period: 11/13/2024 thru 11/19/2024

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
R1 RETRO PAY			79.20	79.20	FICA - OASDI	4.91	132.38
01				1896.00	FICA - Medicare	1.15	30.96
04				160.00	Federal	0.00	0.00

37-SUM-MR

Record of Employee Interview

U.S. Department of Housing and Urban Development
Office of Davis-Bacon and Labor Standards

OMB Approval No. 2501-0009
(exp. 12/31/2024)

1a. Project Name	2a. Employee Name
Avon Park (Fire Station)	Reuben Quierapa Bacilio
1b. Project Number	**2b. Employee Phone Number (including area code)**
I0122	N/A
1c. Contractor or Subcontractor (Employer)	**2c. Employee Home Address & Zip Code**
Cobb Roofing	Green Acres Way, Sebring
	2d. Verification of identification? (Yes) No

3a. How long on this job?	3b. Last date on this job before today?	3c. No. of hours last day on this job?	4a. Hourly rate of pay?	4b. Fringe Benefits?	4c. Pay stub?
1 wk.	11/13/24	7	$15.00	Vacation (Yes) No Medical (Yes) No Pension (Yes) No	(Yes) No

5. Your job classification(s) (list all) --- continue in block 18 if necessary
Laborer

6. Your duties --- continue in block 18 if necessary
Handing materials to roofer

7. Tools or equipment used --- continue in block 18 if necessary
hands

8. Are you an apprentice or trainee? Yes (No)

9. Are you paid for all hours worked? (Yes) No

10. Are you paid at least time and ½ for all hours worked in excess of 40 in a week? (Yes) No

11. Have you ever been threatened or coerced into giving up any part of your pay? Yes (No)

12a. Employee Signature Ruben Quierapa. 12b. Date 11/14/24

13. Duties observed by the Interviewer (Please be specific.)

14. Remarks --- continue in block 18 if necessary

15a. Interviewer Name (Please Print)	15b. Signature of Interviewer	15c. Date of Interview
Melissa N Fox	Mel N F	11/14/24

Payroll Examination

16. Remarks --- continue in block 18 if necessary
* Pay rate too low. Contractor paid restitution.

17a. Signature of Payroll Examiner	17b. Date
Mel N F	1/6/25

Record of Employee Interview

U.S. Department of Housing and Urban Development
Office of Davis-Bacon and Labor Standards

OMB Approval No. 2501-0009
(exp. 12/31/2024)

1a. Project Name: Avon Park (Fire Station)	2a. Employee Name: Jose Fabian
1b. Project Number: I0122	2b. Employee Phone Number (including area code): N/A
1c. Contractor or Subcontractor (Employer): Cobb ~~Construction~~ Roofing	2c. Employee Home Address & Zip Code: 3103 Sonnet Rd, Sebring
	2d. Verification of identification? (Yes) No

3a. How long on this job?	3b. Last date on this job before today?	3c. No. of hours last day on this job?	4a. Hourly rate of pay?	4b. Fringe Benefits?	4c. Pay stub?
1 wk	11/13/24	7	$ 20.50	Vacation (Yes) No Medical (Yes) No Pension (Yes) No	(Yes) No

5. Your job classification(s) (list all) --- continue in block 18 if necessary: Roofer

6. Your duties --- continue in block 18 if necessary: Patching Roof

7. Tools or equipment used --- continue in block 18 if necessary: Hand tools

8. Are you an apprentice or trainee? Yes (No)	10. Are you paid at least time and ½ for all hours worked in excess of 40 in a week? (Yes) No
9. Are you paid for all hours worked? (Yes) No	11. Have you ever been threatened or coerced into giving up any part of your pay? Yes (No)

12a. Employee Signature: *Jose Fabian	12b. Date: 11/14/24

13. Duties observed by the Interviewer (Please be specific.)

14. Remarks --- continue in block 18 if necessary

15a. Interviewer Name (Please Print)	15b. Signature of Interviewer	15c. Date of Interview
Melissa N. Fox	Melissa N. Fox	11/14/24

Payroll Examination

16. Remarks --- continue in block 18 if necessary

17a. Signature of Payroll Examiner	17b. Date
Melissa N. Fox	11/6/25

Record of Employee Interview

U.S. Department of Housing and Urban Development
Office of Davis-Bacon and Labor Standards

OMB Approval No. 2501-0009
(exp. 12/31/2024)

1a. Project Name	2a. Employee Name
Avon Park (Fire Station)	Jesus Alberto
1b. Project Number	**2b. Employee Phone Number (including area code)**
I0122	3
1c. Contractor or Subcontractor (Employer)	**2c. Employee Home Address & Zip Code**
Cobb Roofing	3114 Howze Ave, Sebring
	2d. Verification of identification? (Yes) No

3a. How long on this job?	3b. Last date on this job before today?	3c. No. of hours last day on this job?	4a. Hourly rate of pay?	4b. Fringe Benefits?	4c. Pay stub?
1 wk.	11/13/24	7	$ 18.50	Vacation (Yes) No Medical (Yes) No Pension (Yes) No	(Yes) No

5. Your job classification(s) (list all) --- continue in block 18 if necessary
Roofer

6. Your duties --- continue in block 18 if necessary
Patching Roof

7. Tools or equipment used --- continue in block 18 if necessary
Hand tools

8. Are you an apprentice or trainee? Yes (No)

9. Are you paid for all hours worked? (Yes) No

10. Are you paid at least time and ½ for all hours worked in excess of 40 in a week? (Yes) No

11. Have you ever been threatened or coerced into giving up any part of your pay? Yes (No)

12a. Employee Signature Jesus Alberto

12b. Date 11/14/24

13. Duties observed by the Interviewer (Please be specific.)

14. Remarks --- continue in block 18 if necessary

15a. Interviewer Name (Please Print)	15b. Signature of Interviewer	15c. Date of Interview
Melissa Fox	Melissa Fox	11/14/24

Payroll Examination

16. Remarks --- continue in block 18 if necessary

17a. Signature of Payroll Examiner	17b. Date
Melissa Fox	1/6/25