

Exhibit A:
INVOICE FOR SERVICES
Billed to City of Minneapolis Health Department

Submit Invoice to:

~~submitinvoices@minneapolismn.gov~~

Or mail to:

City of Minneapolis
 Accounts Payable
 PO Box 211208
 Eagan, MN 55121

Invoice Submission Date: 4/26/21Invoice Number: 1077Invoice Period: 4/12/21 - 4/26/21Final Invoice? Yes ☐ No ☒**Contractor:**

Change Equals Opportunity
 905 W. Broadway Ave
 Minneapolis, MN 55411
 Jamil Jackson | 612-730-3581
 change.equalsoportunity@yahoo.com

Program: Trial Outreach and Support
 Contract Number: COM0003589
 Contract Period: 4/1/2021 - 12/31/2021
 Coding: 00100-8600160-EVENT21A
 PO Number: _____

Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Personnel	Up to \$6,750	3,750	
Outreach Worker Costs	Up to \$140,000	30,000	
Program Supplies and Activities	Up to \$9,000	2,500	
Administrative Costs	Up to \$19,250	10,000	
TOTAL EXPENSES NOT TO EXCEED:	Up to \$175,000		

REIMBURSEMENT REQUESTED THIS INVOICE:	<u>46,250</u>
--	---------------

- I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected here were made in accordance with conditions of the contract. I also certify that all the required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and that such funds have been held in a reserve fund or transmitted to local, state, or federal officials as required by appropriate laws.

- By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812.

Contractor:


 Contractor Signature and Date

Approved for Payment by MHD:

 Erin Sikkink, Contract Manager - Signature and Date