

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

**Submit Invoice to:**

~~Minneapolis Health Department~~

Or mail to:

City of Minneapolis

Accounts Payable

PO Box 211208

Eagan, MN 55121

Invoice Submission Date: 5/25/2021Invoice Number: 1079Invoice Period: 4/26/2021 - 5/25/2021Final Invoice? Yes ☐ No ☒**Contractor:**

Change Equals Opportunity

905 W. Broadway Ave

Minneapolis, MN 55411

Jamil Jackson | 612-730-3581

change.equalsopportunity@yahoo.com

Program: Trial Outreach and SupportContract Number: COM0003589Contract Period: 4/1/2021 - 12/31/2021Coding: 00100-8600160-EVENT21A

PO Number: \_\_\_\_\_

Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Personnel	Up to \$6,750		
Outreach Worker Costs	Up to \$140,000	20,000	50,000
Program Supplies and Activities	Up to \$9,000	2,500	5,000
Administrative Costs	Up to \$19,250		
<b>TOTAL EXPENSES NOT TO EXCEED:</b>	<b>Up to \$175,000</b>		

REIMBURSEMENT REQUESTED THIS INVOICE:

22,500

- 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