

Exhibit B:
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: 04/23/2021

Invoice Number: TOS001

Invoice Period: 04/01/2021-04/23/2021

Final Invoice? Yes ☐ No ☒

Contractor:

Restoration Inc.

2015 Lowry Ave N

Minneapolis, MN 55411

Connie Rhodes | 312-447-4060

begintherestoration@gmail.com

Program: Trial Outreach and Support

Contract Number: COM0003592

Contract Period: 4/1/2021 – 12/31/2021

Coding: 00100-8600160-EVENT21A

PO Number: 809686

Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Personnel	Up to \$27,530		
Outreach Worker Costs	Up to \$122,250	70,0000	
Supplies and Activity Costs	Up to \$12,500	4,000	
Administrative Costs	Up to \$12,720	2,000	
TOTAL EXPENSES NOT TO EXCEED:	Up to \$175,000		

REIMBURSEMENT REQUESTED THIS INVOICE:	75,000
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- 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:



____04/22/2021____

Contractor Signature and Date

Approved for Payment by MHD:

 Erin Sikkink, Contract Manager - Signature and Date