

**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 5/21/21

Invoice Number: 004

Invoice Period: 4/1/21 – 12/31/21

Final Invoice? Yes

**Contractor:**

We Push for Peace

7207 Kyle Ave

Brooklyn Center, MN 55429

Trahern Pollard | 612-290-6917

wepushforpeace@gmail.com

Program: Trial Outreach and Support

Contract Number: COM0003587

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

Coding: 00100-8600160-EVENT21A

PO Number: 809646

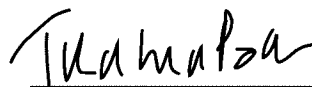
Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Outreach Worker Costs	Up to \$75,000	\$25,000	
Supplies	Up to \$1,000		\$1,000
Printing	Up to \$250		\$250
Administrative Costs	Up to \$11,250		\$11,250
<b>TOTAL EXPENSES NOT TO EXCEED:</b>	<b>Up to \$87,500</b>		

<b>REIMBURSEMENT REQUESTED THIS INVOICE:</b>	<b>\$25,000</b>
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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:



5/27/21

Contractor Signature and Date

Approved for Payment by MHD:

\_\_\_\_\_  
 Erin Sikkink, Contract Manager - Signature and Date