

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

**Submit Invoice to:**

[submitinvoices@minneapolismn.gov](mailto:submitinvoices@minneapolismn.gov)

Or mail to:

City of Minneapolis

Accounts Payable

PO Box 211208

Eagan, MN 55121

Invoice Submission Date: 04/26/21

Invoice Number: 4.26.21

Invoice Period: 04/01/2021-06/30/2021

Final Invoice? Yes ☐ No ☒

**Contractor:**

Center for Multicultural Mediation

2021 E. Hennepin Ave, Ste 193

Minneapolis, MN 55413

Abdi Ali | 612-259-7705

[contact@cmmediation.org](mailto:contact@cmmediation.org)

Program: Trial Outreach and Support

Contract Number: COM0003586

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

Coding: 00100-8600160-507019-EVENT21A

PO Number: 809645

Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Personnel	Up to \$72,150	\$15,600	
Outreach Worker Costs	Up to \$69,700	\$37,800	
Supplies	Up to \$5,000	0	
Printing	Up to \$1,000	\$500	
Media	Up to \$5,000	0	
Mileage	Up to \$2,000	\$1,000	
Administrative Costs	Up to \$20,150	0	
<b>TOTAL EXPENSES NOT TO EXCEED:</b>	<b>Up to \$175,000</b>	<b>\$54,900</b>	

<b>REIMBURSEMENT REQUESTED THIS INVOICE:</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:**

*Abdi Ali*

4/26/21

Contractor Signature and Date

**Approved for Payment by MHD:**

Erin Sikkink, Contract Manager - Signature and Date