

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: 05/25/2021

Invoice Number: 00034512

Invoice Period: mm/dd/yy-mm/dd/yy

Final Invoice? Yes ☐ No ☒

Contractor:

Corcoran Neighborhood Organization
 3451 Cedar Ave. S.
 Minneapolis, MN 55407
 Alicia Smith | 612-724-7457
alicia@corcoranneighborhood.org

Program: Trial Outreach and Support
 Contract Number: COM0003590
 Contract Period: 4/1/2021 – 12/31/2021
 Coding: 00100-8600160-504009-EVENT21A
 PO Number: 809825

Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Team Lead	Up to \$12,000	\$7,000.00	\$12,000.00
Outreach Worker Costs	Up to \$135,000	\$50,000.00	\$93,000.00
Supplies	Up to \$2,000	\$2,000.00	\$2,000.00
Transportation	Up to \$3,000	\$1,000.00	\$3,000.00
Administrative Costs	Up to \$23,000	\$12,000.00	\$12,000.00
TOTAL EXPENSES NOT TO EXCEED:	Up to \$175,000	\$72,000.00	\$122,000.00

REIMBURSEMENT REQUESTED THIS INVOICE:	\$72,000.00
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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:

Contractor Signature and Date

Approved for Payment by MHD:

Erin Sikkink, Contract Manager - Signature and Date