

**This is for informational purposes. Do not complete this form.**

**EXHIBIT A  
 Scope of Services**

**OBJECTIVES**

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List the objectives that will be achieved within the contract period.

**OUTCOMES**

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List the specific outcomes that will be achieved within the contract period.

Item	Number units	Amount	Total
New business development		\$ 5,000.00 p/business	\$
Business Growth		\$ 5,000.00 p/business	\$
Business Retention		\$ 50.00 p/hour	\$
Total			\$

**CONTRACT TIMELINE AND DELIVERABLES**

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List the *specific* deliverables, estimated implementation timeline and the associated *dollar amount* that will be paid to the contractor that will serve as documentation that the agreed outcomes have been achieved and the objectives set forth in this document have been accomplished.

**REIMBURSEMENT SCHEDULE**

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Year 1	Date	Year 2	Date
I Quarter		I Quarter	
II Quarter		II Quarter	
III Quarter		III Quarter	
IV Quarter		IV Quarter	

Send each invoice to the City Contract Manager listed above by mail or email.

### **Exhibit B (Continued)**

**City Contract Manager:**

(PC's Name)

105 5<sup>th</sup> Ave S, Suite 200

Crown Roller Mill

Minneapolis, MN 55401

612-673- phone

612-673-5113 fax

**EQUAL OPPORTUNITY**

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The services provided by will be available without discrimination due to race, color, creed, religion, ancestry, national origin, sex, affection preference, disability, or other handicap, age, marital status with regard to public assistance.

In accordance with Chapter 139.50, - The Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, ancestry, national origin, sex, sexual orientation, gender identity, disability, age (forty (40) to seventy (70)), marital status, or status with regard to public assistance. ...race, color, creed, religion, ancestry, national origin, sex, sexual orientation, gender identity, disability, age (forty (40) to seventy (70)), marital status, or status with regard to public assistance.