

## **SCOPE OF WORK - EXHIBIT A [2025-2026]**

### **SECTION 1—Work Products**

The Agency will provide the following programs each year, free to the public.

#### **Programs**

1. **Community Events**  
(14 total events)
  
2. **Farmers Markets**  
(24 total sessions)
  
3. **Senior Events**  
(3 total events)
  
4. **Teen/Youth Programs**  
(4 total events)
  
5. **Performing Artists**  
(20 events)

**PROGRAM BUDGET - EXHIBIT B [2025-2026]**

<b>Budget Category</b>	<b>LFP Funds 2025</b>	<b>LFP Funds 2026</b>
Program Expenses: Marketing, Supplies, Artist Fees <i>(including \$11,000 City match)</i>	\$35,000	\$35,000
<b>Total</b>	\$35,000	\$35,000

# INVOICE FOR SERVICES - EXHIBIT C [2025-2026]

**SECTION 1—Invoice**

Payer:

City of Lake Forest Park  
 17425 Ballinger Way NE  
 Lake Forest Park, WA 98155  
 Attn: Cory Mattson, Community Programs Planner  
 (206) 957-2814

Payment to:

Friends of Third Place Commons  
 17171 Bothell Way NE  
 Lake Forest Park, WA 98155  
 Agency Contact: Silje Sodal, Executive Director  
 (206) 366-3302

<b>Billing Period:</b>	<b>Total Quarter Request:</b>
<b>Date submitted:</b>	
<b>Yearly Contract Amount</b>	<b>\$35,000</b>
Amount Billed this Report	
Amount Previously Billed	
Total YTD	
Contract Balance Remaining	

<b>Total Required Yearly Match</b>	\$	11,000.00	<i>*Please provide documentation in Exhibit C(2)</i>
<b>Required by 6/30: \$5,500</b>			
<b>Required by 12/31: \$5,500</b>			

**Payment Request For Services**

Service	Fee	This Request	Previous Request	YTD	Balance
<b>Total</b>					

*Under penalty of perjury under the laws of the State of Washington, I swear and affirm that the information provided in this invoice is true and correct.*

**Printed Name:** \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**PROGRAM BUDGET - EXHIBIT C [2025-2026]**

**SECTION 2**

**PROOF OF LOCAL FUNDING MATCH**

Notwithstanding the payments for services identified in the Scope of Work, Exhibit A, the City's obligation to compensate the Agency is capped at \$35,000.00 for each year unless the Agency provides the City with documentation as defined in the Program Budget, Exhibit B that the Agency raised funds from residents of the City, businesses located in the City or other non-government agencies during calendar years 2025 and 2026. Upon receipt of the proper documentation as defined in the Program Budget, Exhibit B, the City shall pay the Agency up to but not to exceed an additional \$11,000.00. Payment shall be made in a lump sum for any services rendered and unpaid for, and to the extent services are not rendered then as they are provided.

DATE: \_\_\_\_\_

	<u>Funding Source</u>	<u>Amount</u>	<u>Date</u>	<u>Notes</u>
1.				
2.				
3.				
4.				
5.				

**INVOICE FOR SERVICES - EXHIBIT C [2025-2026]**

**SECTION 3—Service Report**

Agency: Friends of Third Place Commons

Reporting Dates: \_\_\_\_\_ to \_\_\_\_\_

	<b>Program/Activity</b>	<b>Event Date</b>	<b>Event Location</b>	<b>Actual # of Attendees</b>	<b>Projected # of Attendees</b>
1.					
2.					
3.					
4.					
5.					
6.					

**SECTION 3—Service Summary Report**

1. Describe your achievements for the half year in implementing program activities:

2. Did you reach your performance/attendance goals?

# **INVOICE FOR SERVICES - EXHIBIT C [2025-2026]**

## **SECTION 3—Service Summary Report**

**Agency:** Friends of Third Place Commons

**Reporting Dates:** \_\_\_\_\_ to \_\_\_\_\_

**3. If you did not reach your performance/attendance goals, please explain why and list what corrective actions you will take to ensure that this does not happen again.**

**4. Please describe any insights into/about your program's development:**