

GRANT APPLICATION FOR PAYMENT

PROJECT NAME	WABA's Vision Zero Outreach and Summit		
PURCHASE ORDER (P.O.) NUMBER	678822		
INVOICE NUMBER	2023_03_HSO		
PERIOD	From:	1-Apr-23	To: 30-Apr-23
FROM:	TO:		
Washington Area Bicyclist Association	Christine Mayeur, Transportation Specialist		
2599 Ontario Rd. NW	Vision Zero Division, Office of the Chief Project Delivery Officer		
Washington, DC 20009	Project Delivery Administration		
Phone No. (202) 964-5265	District Department of Transportation		
Contact: Stephanie Tulowetzke, Project Manager	250 M Street SE		
Email: stephanie.tulowetzke@waba.org	Washington, DC 20003		

GRANT STATUS

Grant Amount	\$159,522.00
Net Change by Change Orders	\$0.00
Total Grant Amount-to-Date	\$159,522.00

GRANT PAYMENT SUMMARY

Deliverables to Date	\$37,727.32
Current Payment Due	\$37,727.32
Remaining Balance of this Grant	\$121,794.68

I certify that I shall make timely payments from proceeds of this payment to all subcontractors and suppliers in accordance with my contractual agreements with them. I have made payments from the proceeds of prior payments to all subcontractors and suppliers in accordance with them.



(Consultant's Signature)

Elizabeth Kiker

(Print Name)

6/7/23

(Date)

DISTRICT OF COLUMBIA GOVERNMENT USE ONLY

Verified by: _____
 (Project Manager's Signature) / Authorized Dist. Rep. (Print Name) (Date)

Certified by: _____
 (Project Manager's (or Designee's) Signature) (Print Name) (Date)

April 2023			
Payee	Description	Total Grant Budget	April Expenses
Salaries and Wages		LOE %	
1	Advocacy Director Salary (15hrs/wk)	37.50%	\$
1	Advocacy Director Salary (15hrs/wk)	37.50%	\$
2	Communication Director Salary (5hrs/wk)	12.50%	\$
2	Communication Director Salary (5hrs/wk)	12.50%	\$
		Total Category Expense	\$ 3,429.69
Fringe Benefits		LOE %	
1	Advocacy Director Health Insurance (15hrs/wk)	37.50%	\$
1	Advocacy Director Payroll Taxes - Employer Liability	37.50%	\$
2	Communication Director Health Insurance (5hrs/wk)	12.50%	\$
2	Communication Director Payroll Taxes - Employer Liability	12.50%	\$
2	Communication Director 5% retirement plan match	12.50%	\$
		Total Category Expense	\$
Travel and Subsistence			\$ -
		Total Category Expense	\$ -
Contractual Services			
3	Outreach Coordinator [REDACTED] salary (40 hrs/wk) - Pay period ending 4/29		\$
3	Outreach Coordinator Payroll Taxes		\$
4	Office space rental [REDACTED]		\$
5	Internet and Phone Service Verizon		\$
6	Internet and Phone Service 8x8 phone service		\$
7	Predictive Email service		\$
		Total Category Expense	\$ 1,574.39
Supplies			
		Total Category Expense	\$ -
		Total Direct Costs	\$ 5,607.13
		April Total	\$ 5,607.13



Employee Payroll Costs

INVOICE

2599 Ontario Rd NW, Washington DC 20009
 Phone: (202) 518 - 0524

INVOICE #2
 DATE: 06/2/23

To:
 Christine Mayeur
 District Department of Transportation

For:
 April Communications Director Payroll Costs

EMPLOYEE	LINE ITEM	LOE	AMOUNT
	Gross Salary 3/30 – 4/14	12.5%	
	Gross Salary 4/15 – 4/29	12.5%	
	WABA Employer Liability (3/30 – 4/14)	12.5%	
	WABA Employer Liability (4/15 – 4/29)	12.5%	
	Matching 403b contribution 3/30 – 4/14 (5% of gross salary)	12.5%	
	Matching 403b contribution 4/15 – 4/29 (5% of gross salary)	12.5%	
	DC HealthLink Healthcare 4/1 – 4/30	12.5%	
	Carefirst Dental Coverage 4/1 – 4/30	12.5%	
	TOTAL		\$998.25



Employee Payroll Costs

INVOICE

2599 Ontario Rd NW, Washington DC 20009
 Phone: (202) 518 - 0524

INVOICE #1
 DATE: 06/02/23

To:
 Christine Mayeur
 District Department of Transportation

For:
 April Advocacy Director Payroll Costs

EMPLOYEE	LINE ITEM	LOE	AMOUNT
	Gross Salary 3/30 – 4/14	37.5%	
	Gross Salary 4/15 – 4/29	37.5%	
	WABA Employer Liability (3/30 – 4/14)	37.5%	
	WABA Employer Liability (4/15 – 4/29)	37.5%	
	DC HealthLink Healthcare 4/1 – 4/30	37.5%	
	Carefirst Dental Coverage 4/1 – 4/30	37.5%	
	TOTAL		



Employee Costs

INVOICE

2599 Ontario Rd NW, Washington DC 20009
Phone: (202) 518 - 0524

INVOICE #3
DATE: 06/02/23

To:
Christine Mayeur
District Department of Transportation

For:
April Outreach Coordinator Costs

EMPLOYEE	LINE ITEM	LOE	AMOUNT
	Gross Salary 4/15-4/29	100%	
	WABA Payroll Tax (4/15 – 4/29)	100%	
	TOTAL		\$1127.61

Payroll Summary

Check Date	Name	Hours	Total Paid	Tax Withheld	Deductions	Net Pay	Check No	Employer Liability	Total Expense
Pay Frequency: Semimonthly									
Department: 10 - Advocacy									
05/05/2023		86.67	1,025.00	204.62	0.00	820.38	DD	102.61	1,127.61
05/05/2023		94.66	3,483.34	963.93	0.00	2,519.41	DD	275.54	3,758.88
04/21/2023		94.66	3,483.34	963.93	0.00	2,519.41	DD	275.54	3,758.88
Department Totals: 10 - Advocacy		275.99	\$7,991.68	\$2,132.48	\$0.00	\$5,859.20		\$653.69	\$8,645.37
Total Net Pays for 10 - Advocacy: 3									
Department: 20 - Communications									
05/05/2023		126.66	3,268.75	783.54	215.33	2,269.88	DD	256.70	3,525.45
04/21/2023		95.66	3,268.75	783.55	215.33	2,269.87	DD	256.70	3,525.45
Department Totals: 20 - Communications		222.32	\$6,537.50	\$1,567.09	\$430.66	\$4,539.75		\$513.40	\$7,050.90
Total Net Pays for 20 - Communications: 2									
Pay Frequency Totals: Semimonthly		498.31	\$14,529.18	\$3,699.57	\$430.66	\$10,398.95		\$1,167.09	\$15,696.27
Total Net Pays for Semimonthly frequency: 5									
Company Totals:		498.31	\$14,529.18	\$3,699.57	\$430.66	\$10,398.95		\$1,167.09	\$15,696.27
Total Net Pays for Company: 5									



Carrier Plan Summary

**Insurance Carrier
Plan**

Carefirst Bluecross Blueshield
Bluechoice Hmo Platinum 0

Subscriber(s) and Adjustment(s) for Coverage Period: April

Name	No. of Enrolled (1=EE only)	Coverage Month	Employer Cost	Employee Cost	Premium
			Others		
[REDACTED]	1	04/2023	\$527.53	\$0.00	\$527.53
[REDACTED]					
[REDACTED]	1	04/2023	\$561.51	\$0.00	\$561.51
[REDACTED]					

Questions? Call DC Health Link Customer Service at 855-532-5465, go online to <http://www.dchealthlink.com/>, or contact your broker.

DATE PREPARED : 03/03/2023

GROUP NUMBER : [REDACTED]
SUB GROUP : 0001
INVOICE NO : 230630000746

CLASS ID: 0001 DBN Opt 5 w Ortho Vision

COVERAGE PAGE NO : 4

COVERAGE PERIOD : April 01, 2023 - April 30, 2023

CURRENT ENROLLMENT						
ID NO	SUBSCRIBER NAME	MEMBER	COVERAGE TYPE	COVERAGE PERIOD		AMOUNT
XXXX [REDACTED]	[REDACTED]	1	IAD VIS,DEN	04/01/2023	04/30/2023	\$95.30
XXXX [REDACTED]	[REDACTED]	0	I VIS,DEN	04/01/2023	04/30/2023	\$46.70
TOTAL						\$1,029.30



Internet and Phone

INVOICE

2599 Ontario Rd NW, Washington DC 20009
 Phone: (202) 518 - 0524

INVOICE #5-6
 DATE: 06/02/23

To:
 Christine Mayeur
 District Department of Transportation

For:
 April Internet and Phone

DESCRIPTION	COST/USER	AMOUNT
Verizon prorated by LOE%: • ██████████ 7.5% • ██████████ 12.5% • ██████████ 100%		
8x8 (phone) prorated by LOE%: • ██████████ 37.5% • ██████████ 12.5% • ██████████ 100%		
	TOTAL	\$35.67

WASHINGTON AREA BICYCLIST

Account Number [REDACTED]

Bill Date: April 6, 2023



Get answers fast

- Visit verizon.com/business
- Call 1.800.Verizon (1.800.837.4966)

Your payment is due:

\$149.00

Total Due by May 1



This month's charges

Services & Equipment

\$ 49.

Total Due by May 1

\$149.00



Return only this stub with your payment. We will not review or honor other written notifications. Visit verizon.com.

Account Number [REDACTED]

Total Due by May 1, 2023:

\$ 49.

040623

Make check payable to Verizon

\$

_____.

WASHINGTON AREA BICYCLIST
 CO GREGORY BILLING
 2599 ONTARIO RD RD BSMT
 APT BSMT
 WASHINGTON DC 20009-2811



VERIZON
 PO BOX 15124
 ALBANY NY 12212-5124



V5 655673806000156 000000000000 000000149005

WASHINGTON AREA BICYCLIST

Account Number [REDACTED]

Bill Date: April 6, 2023



Get answers fast

- Visit [verizon.com/business](https://www.verizon.com/business)
- Call 1.800.Verizon (1.800.837.4966)

Details of Payments

Payments	
Previous Balance	49.
Payment Received Thank You	49. /2
Balance Forward	\$0.00

Payment activity since last bill date.

Details of Charges

Includes discounts shown on page 2.

Services & Equipment	
Services	
Fios Internet M/ M 2YR	49. 4/ /
Total Due	\$149.00

Equipment and additional services to personalize your Fios service.

8x8 Monthly Statement



Statement Date: 05 01 2023

Washington Area Bicyclist Association

Billing Address

Account ID: [REDACTED]

c/o Minter Elijah

2599 O a o Rd NW

Account Status: **ACTIVE**

Was g o

Bill Type: Conso dated

DC USA 20009

Bill at a Glance

Summary		Payment Information
Due Date	05 01 2023	Date B ed: 2023 05 03
Prev ous Ba ance ¹	\$ 501.87	Payment Type: Automat c B Pay
Recurr ng Charges	\$ 501.87	Current Credit Card on File:
Ad ustments	\$ 0.00	Card Type: V sa
Payments s nce ast b	\$ 1,003.74	Card Number: ***** [REDACTED]
Total Due	\$ 0.00	Exp rat on Date: [REDACTED]
Payment Status	PAID	Name on Card [REDACTED]

Message from 8x8

Save ques o s? ease c ck [HERE](#) fo a b g wa k oug !

Statement Summary

Existing Services

Descr pt on	Quant y	Un t Pr ce	Serv ce Charges	Usage Charges	Tota
Serv ces					
Add t ona Loca Number	2				\$ 0.00
Base Number	1				\$ 0.00
X Ser es X2	3				\$ 60.00
X Ser es X2	22				\$ 286.00
Taxes					\$ 155.87
Sub-Total					\$ 501.87
Total					\$ 501.87

Taxes & Fees

Existing Services

Descr pt on	Amount
E911 Serv ce Fee	\$ 28.96
Regu atory Recovery Fee ⁵	\$ 52.96
DC State And Loca 911	\$ 19.00
DC To Te ecom Serv ces Tax	\$ 17.64
DC Ut ty Gross Rece pts Tax	\$ 20.56
State 911 Fee	\$ 0.00
Un versa Serv ce Surcharge	\$ 16.75
Total	\$ 155.87

Ca Usage Summary

n Network M nutes Used	n P an M nutes Used	nternat ona M nutes Used
8	1,338	0

Statement Details - Services

Service ID/Start Date	Service Plans	Telephone #/Ext.	2 Recurring Service Charge			3 Usage Charge	4 Taxes & Fees	Total
			List Price	7 Promo Discount	Adjusted Price			
Existing Services (28)								
T_KVa_qXS0CZ_9bT3AC.zw 10-15-2021	Add o a Loca Nu be Days B ed 30							\$ 0 00
BcRukZF6SUmM0XcnCkd07A 10-15-2021	Add o a Loca Nu be Days B ed 30							\$ 0 00
X8aFB2I000002KnHNWA0 10-15-2021	Base Nu be Days B ed 30							\$ 0 00
9mbW46_TSRaPnBagW5_7ZQ 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
b0M_7E0R6CtKzk63IuppQ 10-15-2021	X Se es - X2 Days B ed 30							\$ 21 72
FzHAd_H8T_uR8TEhrK_GA 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
_wZ_bYqMQbOFenvc_qNTrw 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
kuGv3YucTvaPyw_Ca_VByA 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
Gw_CVGCAQuWCERS_KEPEFg 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
lrqzBmv3T_vZt62_W5_VvQ 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
P9O2vC_T1OKgZq_kz_HOW 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
P_ECufQ0QwSmz8TcFqr9Qg 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
q2hz_KvrQ9yCT_SKXy_8_Q 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
6X8wDgG_SuOFm_sMpZ_Hq 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
rBj8vOCsRNGKxt3_XgQAq 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
R_4eU6B6R_uVa_4nGWeshq 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
ryou_sBSFCUTR_wbkCAzq 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
SPWPdcckPR8KZ9F1QR_JRq 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
uEHcpn79RY2_ZQWx_3Q_7q 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
xjTj0DarTwSqNhB_V2KXjw 10-15-2021	X Se es - X2 Days B ed 30							\$ 18 81
_o98VSCUSOymGEg1ss5uccq 01-26-2022	X Se es - X2 Days B ed 30							\$ 18 81
6EHp7avTQe6bT73NKmvhZw 01-26-2022	X Se es - X2 Days B ed 30							\$ 18 81
RnN_WaYrT02AkGn7Ardj4g 03-17-2022	X Se es - X2 Days B ed 30							\$ 21 72
HRm_d_xQG9k0H077o_bQ 03-17-2022	X Se es - X2 Days B ed 30							\$ 21 72
Hvsp7j7vQaecPtV2HPYXhA 04-13-2022	X Se es - X2 Days B ed 30							\$ 21 72
VZmbGebGSxmW5z_DrC0ZDA 01-23-2023	X Se es - X2 Days B ed 30							\$ 25 47
_vcty_ZtRQ_pcSSE_krQqA 01-23-2023	X Se es - X2 Days B ed 30							\$ 25 47
AqD0_yKCR66ZFYczTVASTq 01-23-2023	X Se es - X2 Days B ed 30							\$ 25 47
Total			\$ 346.00	\$ 0.00	\$ 346.00	\$ 0.00	\$ 155.87	\$ 501.87

Calls By Country

Country	Usage (uses)	Usage Charge
USA	613	\$ 0 00
	o a	\$ 0 00

Virtual Contact Center (VCC) SMS Usage Summary

Country	Direction	SMS Count	SMS Charge
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Adjustments

Adjustment ID	Account Reference	Description	Requested Date	Process Date	Amount
No adjustments apply					



Office Space

INVOICE

2599 Ontario Rd NW, Washington DC 20009
 Phone: (202) 518 - 0524

INVOICE #13
 DATE: 06/02/23

To:
 Christine Mayeur
 District Department of Transportation

FOR:
 April Office Space

DESCRIPTION	SQ. FOOTAGE	COST/SQ. FT.	AMOUNT
Office & Storage Space (4/1 - 4/30) - [REDACTED] 37.5%	136	[REDACTED]	[REDACTED]
Office & Storage Space (4/1 - 4/30) - [REDACTED] 12.5%	136	[REDACTED]	[REDACTED]
Office & Storage Space (4/1 - 4/30) [REDACTED] 00%	136	[REDACTED]	[REDACTED]
	TOTAL		\$375.36

Extension to the lease by and between The Beverly Court Cooperative, Inc., a Maryland corporation and The Washington Area Bicyclists Assn., Inc., a District of Columbia nonprofit corporation dated the First Day of May 2020.

This Lease Extension extends Section 2, **Term** to continue said lease to April 30, 2025.

This Lease Extension extends **Rent** Section 5- C:

The rent due and payable by Tenant to Landlord shall commence on May 1, 2020 subject to the same terms of payment as Section A in the original Lease on May 1, 2015.

The Lease Extension extends Rent Section 5-D: to an annual adjusted rent amount and provides that this lease will be extended from May 1, 2020 through April 30, 2025. The terms of the lease are that the tenants will pay a 3% increase in each year plus a monthly sum of \$266.67 as a split for half of the Improvements to the leased area of \$16,000 over 5 years each month in the following manner:

05/01/2020 – 04/30/2021	\$85,669 (\$7,139.08/mos)
05/01/2021 – 04/30/2022	\$88,143 (\$7,345.25/mos)
05/01/2022 – 04/30/2023	\$90,691 (\$7,557.58/mos)
05/01/2023 – 04/30/2024	\$93,316 (\$7,776.33/mos)
05/01/2024 – 04/30/2025	\$96,020 (\$8,001.67/mos)

Tenants will be required to have maintenance agreements on all HVAC Systems.

Except as noted above, all other terms and conditions of the Lease Agreement shall remain in full force and effect.

In witness whereof, the parties hereto have caused this Lease to be executed the day and year as extended above by persons duly authorized to act on behalf of the Landlord and Tenant.

AS LANDLORD:
BEVERLY COURT COOPERATIVE, INC.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

AS TENANT:
WASHINGTON AREA BICYCLIST ASSOCIATION, INC.

NAME _____ TITLE _____

SIGNATURE  _____ DATE _____



Predictive (Email)

INVOICE

2599 Ontario Rd NW, Washington DC 20009
Phone: (202) 518 - 0524

INVOICE #8
DATE: 06/02/23

To:
Christine Mayeur
District Department of Transportation

FOR:
April Predictive Response

DESCRIPTION	COST/USER	AMOUNT
Predictive prorated by LOE%: <ul style="list-style-type: none">• [REDACTED] 37.5%• [REDACTED] 12.5%• [REDACTED] 00%	[REDACTED]	[REDACTED]
	TOTAL	\$35.75

Predictive Response, Inc
1160 Battery St East, Ste 100
San Francisco, CA 94111 US
(415) 228-6903x3
accounting@predictiveresponse.com



INVOICE

BILL TO

Colin Browne
WABA - Washington Area
Bicyclist Association
2599 Ontario Rd NW
Washington, DC 20009

INVOICE # 12776
DATE 04/01/2023
DUE DATE 04/01/2023
TERMS Due on receipt

ACTIVITY	QTY	RATE	AMOUNT
ISV::-:EMPC - Pro NPO Predictive NPO Professional Package - Monthly	1	415.00	
Contacts:NC 10K Contact Package - Add On Package - Non Profit	6	50.00	
Support Silver Monthly Support Plan - Silver - Monthly - Declined	0	50.00	
PAYMENT			715.00
BALANCE DUE			\$0.00

PAID