

VIRGINIA VAN START PROGRAM FOR NEW VANPOOLS

The Virginia Van Start program for new vanpools is designed to provide impetus for new vanpool formations. The program temporarily subsidizes empty seats during the critical start up phase of new vanpools. The program is open to all new vanpools who register for assistance with a local home based Rideshare Program. Assistance is granted at the discretion of the local Ridesharing organization based on the eligibility of the applicant and the demonstrated aggressiveness in recruiting passengers.

Van Start Program Eligibility Requirements

1. The vanpool must register with a State recognized Rideshare Program.
2. The van must be equipped with PV plates if available (a copy of the application must be attached) and must be properly registered with the local jurisdiction.
3. The vanpool must be in its first three months of operation.
4. The owner/operator must certify that the van is appropriately insured under a Commercial Auto Policy or a member of the Advantage program, a self insurance pool for Virginia vans.
5. The owner/operator must demonstrate that at least 50% of the passenger capacity is full by supplying the Rideshare Manager with the names and telephone numbers of existing passengers for verification.
6. The vanpool must demonstrate continuous aggressive recruiting for new passengers (i.e. posters at workplaces, newspaper advertisements, etc.). Assistance will be provided by the local home based Rideshare Program where the vanpool is registered.
7. Additional eligibility, monitoring, or administrative guidelines may be set by the local home based Rideshare organization.
8. A vanpool owner/operator may not apply for assistance if 50% or more of the total riders have been in another vanpool which received Van Start or Van Save money in the past 12 months.

GUIDELINES FOR VAN START ASSISTANCE PROGRAM

1. Eligible vanpools may receive cash subsidies up to the following maximums:

Total Pass. Seats	# of Seats Subsidized Month 1	#of Seats Subsidized Month 2	#of Seats Subsidized Month 3	#of Seats Subsidized Month 4
15	4	3	2	1
12	3	2	1	0
9	2	2	1	0
7	2	1	1	0

2. The assistance amount per passenger seat will be determined by the Rideshare Manager in the jurisdiction from where the vanpool originates. The assistance will be based on the average cost per passenger seat, excluding the driver, for all vanpools registered in the database operating within comparable distance parameters and market factors.

3. The assistance will be granted only once per new vehicle according to the passenger list and the vanpool information, i.e. origin and destination.

4. The vanpool must submit a passenger list with an authorized signature for each eligible month to the Rideshare Office to attest to the number of vacant seats.

5. Multiple van owner/operators may apply for assistance for a maximum of 5 vans, once within a 12 month period.

VANPOOL PASSENGER LIST

Name	Home Phone	Work Phone
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Name of Vanpool Coordinator or Owner/Operator_____

Vanpool Destination_____

Work Phone_____ Home Phone_____

Vanpool Start Up Date_____ Date_____

Signature_____

VANPOOL ASSISTANCE COST BREAKOUT

Please break out the costs of your vanpool operation below. For example, lease or monthly payment cost, parking expenses, gasoline, cleaning, etc.

**CERTIFICATION
FOR VIRGINIA VANPOOL ASSISTANCE PROGRAM**

I CERTIFY AND AFFIRM:

- 1) That I will immediately notify the local jurisdiction when I no longer qualify for the Vanpool Assistance Program;
- 2) That I am aware that the information I have provided is subject to review and verification;
- 3) That I am familiar with and will comply with all of the eligibility requirements and responsibilities stated in the program requirements.
- 4) That I have not requested or received State financial assistance for this vanpool for the last 12 months;
- 5) That no more than 50% of the total riders in the vanpool have participated in the Van Start or Van Save program in the previous 12 months;
- 6) That the matters and facts contained in the foregoing application are true and subject to verification.

DATE _____

APPLICANT SIGNATURE _____

APPLICANT NAME (Please print) _____