

POTOMAC AND RAPPAHANNOCK TRANSPORTATION COMMISSION VANSTART PROGRAM FOR NEW VANPOOLS

The VANSTART Program encourages new vanpool formation by providing short-term, limited funding during the critical start-up phase. This program is open to all those interested in starting new vanpools to viable work locations who register in PRTC's OmniMatch program or other state supported Rideshare Program. Assistance is granted at the discretion of PRTC OmniMatch based on market conditions and the applicant's demonstrated aggressiveness in recruiting passengers. Vanpool owners and operators must provide documentation to the Ridesharing Program Manager demonstrating the practices he/she has pursued in their efforts to start a new vanpool and to obtain new passengers.

VANSTART Program Eligibility Requirements

1. The vanpool must be registered with PRTC's OmniMatch program or other state recognized ridesharing database.
2. The owner/operator must apply for assistance within the first three (3) months of operation.
3. The van must have PV plates or equivalent (if from another state) and must have an appropriate registration/county sticker.
4. The vanpool must be a nonprofit operation, conform to the ridesharing definition (Code of Virginia, section 46.2-1400, "Ridesharing arrangement: defined..."), and serve an employer site.
5. The owner/operator must certify that the vanpool is appropriately insured under a Commercial Auto Policy or a Vanpool Policy, an insurance category different from a personal or family auto policy, by providing a certificate of insurance.
6. The owner/operator must demonstrate that the vanpool is operating at or above 50% of the passenger capacity by furnishing the names and telephone numbers (both work and home numbers) of the passengers to the Rideshare Manager. The Rideshare Manager will use this list to verify existing passengers. Original passenger list should be updated with new passengers and sent to the Rideshare Manager with recent Rideshare matchlist, showing owner/operators attempts to contact potential new riders, in order to initiate next funding cycle.

7. Each month the vanpool owner/operator must submit to the Rideshare Manager an updated passenger list along with 2 Rideshare matchlists from the previous month showing comments regarding the viability of each person listed as a potential passenger. The matchlists will include the appropriate signature attesting that all applicants have been contacted.
8. The owner/operator must demonstrate continuous and aggressive recruiting for new passengers using whatever legitimate means possible, i.e. classified advertising, e-mail, requesting that current passengers solicit new riders, use of Rideshare matchlist to solicit new passengers.
9. Additional eligibility, monitoring, or administrative guidelines may be set by the administering Rideshare Program based on:
 - a. Knowledge of the applicant's history as a vanpool operator or passenger.
 - b. Market factors.
 - c. Funding limitations.
 - d. Collective experience of the vanpools in the region.
10. A vanpool owner/operator may apply for assistance only if no more than 46% of the total van ridership had been in another vanpool that received financial assistance in the past 12 months from either a State, public jurisdiction, or other funding source.
11. Previously, vanpools were required to originate in the jurisdiction providing the financial subsidy. However, these revised guidelines and the Employer Services Program make it possible for vanpools to terminate in the jurisdiction that may provide the financial assistance, provided that the vanpool is a ridesharing vanpool serving a local employer and that no funding is available from the Ridesharing agency at the point of origin.
 - a. Assistance will be determined by the Rideshare Manager in the jurisdiction providing the subsidy.
 - b. PRTC OmniMatch will insure that two jurisdictions or funding sources are not providing a subsidy to the same vanpool in a single funding period. If there is a question regarding funding/assistance, the concerned jurisdictions will determine which agency may or may not provide the assistance.
12. The PRTC Ridesharing Manager will determine the amount of assistance per passenger seat using the following as a guide:

Eligible vanpools may receive cash assistance up to the following maximums :

Total passenger seats	Maximum Seat Assistance First Month	Maximum Seat Assistance Second Month	Maximum Seat Assistance Third Month	Maximum Seat Assistance Fourth Month
15	4	3	2	1
12	3	2	1	0
9	2	2	1	0
7	2	1	1	0

13. The assistance may be based on the average cost per passenger seat excluding the driver for all vanpools registered in the Rideshare database operating within comparable distance and market parameters.
14. Financial assistance will be granted once per new vanpool.
15. Twelve months after the last VANSTART subsidy, the vanpool may be eligible to apply for the VANSERVE Program.

POTOMAC AND RAPPAHANNOCK TRANSPORTATION COMMISSION
OMNIMATCH VANSTART/VANSAVE

Date: _____

Program Applied for (circle one): **VANSTART / VANSAVE**

Van **Owner's** Name (please print): _____

Mailing Address: _____

Home Phone: _____ Work Phone _____

License Plate #: _____ Rideshare ID #: _____

Vanpool Start-up Date: _____ Per Seat Charge \$: _____

Vanpool Origin _____ Vanpool Destination _____

Passenger Capacity: _____ Number of Vacancies: _____

Date of First Vacancy: _____ Insurance Provider: _____

Is this a van pool or commercial policy (please circle)? **YES / NO**

Please attach Certificate of Insurance.

Have you received a subsidy in the last twelve months (please circle)? **YES / NO**

If yes please describe:

Please describe any marketing efforts that you have employed.

POTOMAC AND RAPPAHANNOCK TRANSPORTATION COMMISSION
OMNIMATCH
APPLICATION FOR VANPOOL ASSISTANCE

I certify that:

1. This is a legitimate nonprofit ridesharing arrangement, according to Section 46.2-1400 of the Code of Virginia, which states:

“Ridesharing Arrangement” means the transportation of persons in a motor vehicle when such transportation is incidental to the principal purpose of the driver, which is to reach a destination and not to transport persons for profit. The term includes ridesharing arrangements known as carpools, vanpools, and buspools.

2. I will immediately notify the local jurisdiction when I no longer qualify for the Vanpool Assistance Program.
3. I am aware that the information I have provided is subject to review and verification.
4. I am familiar with and will comply with the eligibility requirements and responsibilities as stated.
5. I have not requested or received financial assistance from any agency, state, or local jurisdiction in the last 12 months.
6. No more than 46% of the total riders in the vanpool seeking assistance have participated in a state financial vanpool assistance program in the previous 12 months.
7. I understand that I must return match lists and updated passenger lists to ensure the continuation of the subsidy.
8. I understand this is a voluntary program and will not hold the State of Virginia, the local Rideshare Program, or their employees liable for any injuries or damages.
9. If I misuse the assistance I may be held guilty of criminal fraud and breach of contract for which the Virginia Department of Rail and Public Transportation will be allowed to take appropriate action.
10. The matters and facts contained in the foregoing application are true and subject to verification.

Date: _____

Applicant Name (please print): _____

Applicant Signature: _____

Applicant Address: _____

Application Approval (please circle): **Approved / Not Approved**

By _____ Date _____

Please list your average monthly expenditures:

Lease/Loan: _____

Fuel: _____

Parking: _____

Cleaning: _____

Maintenance: _____

Repairs: _____

Insurance: _____

Taxes/Decal: _____

Other: _____

Please describe other expenditures:

Total: _____

Mileage to work one way: _____

VANPOOL PASSENGER LIST

Vanpool Owner/Operator: _____ Ridesharing ID#: _____
Signature of Person Submitting Listing: _____ Date: _____

1. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____

2. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____

3. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____

4. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____

5. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____

6. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____

7. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
8. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
9. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
10. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
11. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
12. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
13. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____
14. Name: _____
Address: _____
Home Phone () _____ Work Phone () _____
Employer: _____
Employer Address: _____