



GWRideConnect

Van Start

Assistance Program

VAN START

Virginia's **Van Start** Program is designed to assist new vanpools during their critical start-up phase, when they are the most financially vulnerable. Empty seats are subsidized up to \$150 per seat for up to 4 months. The program is open to all **NEW** vanpools who have registered for assistance with the GWRideConnect Program. Assistance is granted at the discretion of the local ridesharing organization based on the availability of funds, eligibility of the applicant, and the demonstrated aggressiveness in recruiting new passengers. Funding is limited and may not be currently available.

For more information, contact Kim Mitchell at 540-642-1568 or mitchell@gwregion.org.

VAN START PROGRAM ELIGIBILITY REQUIREMENTS

1. The vanpool must register with GWRideConnect.
2. The vanpool must meet the federal guidelines for a “commuter highway vehicle” under 26 U.S.C §132 (f) as shown below:
 - (a) The seating capacity of vehicle is at least 7 adults (not including the driver) and
 - (b) At least 80 percent of the mileage of which can reasonably be expected to be for (1) the purposes of transporting employees in connection with travel between their residences and their place of employment and (2) on trips during which the capacity of such vehicle is ½ of the adult seating capacity of the vehicle (not including the driver).
3. The vanpool must be properly registered with the Virginia Department of Motor Vehicles.
4. The vanpool must be in its first three months of operation.
5. A private vanpool owner/operator must certify that the van is appropriately insured under a Commercial Auto Policy or is covered by the AdVANtage program, a self-insurance pool for Virginia vanpools.
6. The vanpool owner/operators or coordinators must demonstrate that at least 50% of the passenger capacity is full by supplying the names and telephone numbers of existing passengers for verification.
7. The vanpool owner/operator or coordinator must demonstrate continuous active recruiting for new passengers (i.e.: posters at workplaces, newspaper advertisements, work website, company newsletter, etc.). Owner/operator or coordinator must provide proof of advertising such as clippings, pictures or screen shots of their advertisements. Additional assistance to recruit passengers will be provided by GWRideConnect.
8. A vanpool owner/operator **may not** apply for assistance if 50% or more of the total riders have been in another vanpool which has received **Van Start** or **Van Save** money in the past 12 months.
9. Vanpools **must not** be receiving assistance from any other van assistance programs (i.e.: Van Save) while receiving **Van Start** assistance through GWRideConnect. However, this does not include stipends for reporting data to Vanpool Alliance or another source.

GUIDELINES FOR VAN START ASSISTANCE PROGRAM

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

Total Passenger Seats	Number of Seats Subsidized Month 1	Number of Seats Subsidized Month 2	Number of Seats Subsidized Month 3	Number 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 GWRideConnect Staff. The assistance may 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 vanpool 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 GWRideConnect office to attest to the number of vacant seats.
5. Van owner/operators with multiple vanpools may apply for assistance for a **maximum of 5 vans, once within a 12-month period.**
6. 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
7. Twelve months after the last VAN START subsidy, the vanpool may be eligible to apply for the VAN SAVE Program

APPLICATION FOR GWRideConnect's

VAN SAVE & VAN START ASSISTANCE PROGRAMS

Program you are applying for: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contact Address: _____

Vehicle Make/Model/Type: _____

Vehicle Seating Capacity (including the driver): _____

Vanpool Start Date: _____

Commercial Vanpool Insurance Information: _____

Pick-Up Points:

Number One: _____ Time: _____

Number Two: _____ Time: _____

Drop-Off Points:

Number One: _____ Time: _____

Number Two: _____ Time: _____

Monthly Rider Fare: _____

Number of passenger seats currently filled by monthly riders: _____

The following is for **VAN SAVE** applicants only:

When did the monthly passengers leave the vanpool?

Passenger 1; Date: _____

Passenger 2; Date: _____

Passenger 3; Date: _____

Passenger 4; Date: _____

VANPOOL PASSENGER LIST

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

Name of Vanpool Owner/Operator or Coordinator: _____

Work Phone: _____

Home Phone: _____

Vanpool destination: _____

Vanpool Start-up Date: _____

Vanpool Owner/Operator or Coordinator Signature: _____

Date: _____

VANPOOL ASSISTANCE COST BREAKOUT

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

Lease/Loan: _____

Fuel: _____

Parking: _____

Cleaning: _____

Maintenance: _____

Repairs: _____

Insurance: _____

Taxes/Decal: _____

Other: _____

Please describe other expenditures:

Total: _____

Mileage to work one way: _____

APPLICATION CERTIFICATION FOR
GWRideConnect's
VAN START
ASSISTANCE PROGRAM

I CERTIFY AND AFFIRM:

- 1) That I will immediately notify the GWRideConnect Coordinator when I no longer qualify for this program;
- 2) That I am familiar with and will comply with all of the eligibility guidelines, requirements and responsibilities stated in this application;
- 3) That I have not requested or received State financial assistance for this vanpool for the last 12 months;
- 4) That no more than 50% of the total riders in the vanpool have participated in the **VAN SAVE** or the **VAN START** programs in the previous 12 months;
- 5) That the matters and facts contained in the foregoing application are true and I am aware that the information I have provided is subject to review and verification.

DATE: _____

APPLICANT SIGNATURE: _____

APPLICANT NAME (please print): _____