



GWRideConnect's

FY23 [Van Save](#)

Assistance Program

## [VAN SAVE](#)

GWRideConnect's [Van Save](#) Program is designed to assist existing, established vanpools originating in the George Washington Region who are experiencing financial difficulty due to a sudden loss of passengers. The George Washington Region consists of Caroline, King George, Spotsylvania, and Stafford counties, as well as the City of Fredericksburg. [Van Save](#) is designed to temporarily subsidize empty seats and is open to all vanpools that meet the initial and monthly requirements of the program. Qualifying vanpools may receive up to \$150 per eligible empty seat for a maximum of 3 months. 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.

GWRideConnect's [Van Save](#) Program is funded by a grant from the Virginia Department of Rail and Public Transportation and is managed by the George Washington Regional Commission (GWRC).

See [Van Save](#) Program details for eligibility requirements and financial assistance terms and conditions.

For more information, contact Kim Mitchell at 540-642-1568 or [mitchell@gwregion.org](mailto:mitchell@gwregion.org).

## VAN SAVE PROGRAM ELIGIBILITY REQUIREMENTS

1. The vanpool must originate in the George Washington Region which consists of Caroline, King George, Spotsylvania, and Stafford counties including the City of Fredericksburg.
2. The vanpool must be properly registered with the Virginia Department of Motor Vehicles.
3. The vanpool must meet the definition under 26 U.S.C. §132 (f)(5)(B): The term “commuter highway vehicle” means any highway vehicle --
  - i. The seating capacity of vehicle is at least 6 adults (not including the driver), and
  - ii. At least 80 percent of the mileage of which can reasonably be expected to be --
    - I. For the purposes of transporting employees in connection with travel between their residences and their place of employment, and
    - II. on trips during which the capacity of such vehicle is ½ of the adult seating capacity of the vehicle (not including the driver).
4. A private vanpool owner/operator must certify each eligible month 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.
5. The vanpool owner/operator or coordinator must demonstrate continuous active recruiting for new passengers (i.e.: posters at workplaces, newspaper advertisements, work website, etc.). Owner/operator or coordinator must provide proof of advertising such as clipping, pictures or screen shot of advertisements. Additional assistance to recruit passengers will be provided by GWRideConnect.
6. Vanpool owner/operators or coordinators must submit a passenger roster with an authorized signature for each eligible month that subsidy is needed and qualifies.
7. The vanpool must be an existing vanpool. **Van Save** is not meant to start new vanpools. The Vanpool must have been in operation and registered with GWRideConnect for a minimum of 6 months prior to the request for **Van Save** assistance.
8. To be eligible for **Van Save** the vanpool must have lost at least 25% of it’s paid passengers for more than 30 days, but not more than 180 days, and have requested RideMatch lists prior to requesting a subsidy showing a good faith effort to obtain passengers.

9. Vanpools must not be receiving assistance from any other van assistance programs (i.e.: **Van Start**) while receiving **Van Save** assistance through GWRideConnect. However, this does not include stipends for reporting data to Vanpool Alliance or another source.
  
10. Each month the vanpool owner/operator must submit to the GWRideConnect program an updated passenger list along with a Rideshare matchlist from the previous month showing comments regarding the viability of each person listed as a potential passenger. The matchlist will include the appropriate signature attesting that all applicants have been contacted. Upon receipt of which, the Rideshare Manager will initiate the next funding cycle.

## VAN SAVE

### FINANCIAL ASSISTANCE TERMS

#### GUIDELINES FOR VAN SAVE 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
15	4	3	2
12	3	2	1
9	2	2	1
7	2	1	1

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 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 the current fiscal year (July 1, 2022 - June 30, 2023)**.
6. The vanpool must not have received State financial assistance for this vanpool for the last 12 months;
7. 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

**APPLICATION FOR GWRideConnect's  
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**

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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 SAVE**  
**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): \_\_\_\_\_