



VanSave Program

A Vanpool Assistance Program
Program Requirements and Application

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VIRGINIA DEPARTMENT OF RAIL AND PUBLIC TRANSPORTATION

VanSave Program

A Vanpool Assistance Program for Existing Vanpools

ELIGIBILITY REQUIREMENTS

The VanSave Program for existing Vanpools (“VanSave”) is designed to provide vanpool owners and/or operators (“Operator”) with temporary financial assistance in the event of a loss of passengers.

Financial assistance is not guaranteed and is subject to funding availability and eligibility of applicant.

Program Eligibility Requirements:

1. VanSave application will be accepted based on vanpool origin, destination, and passenger information.
2. The vanpool must have been operating for a minimum of six months.
3. VanSave financial seat assistance will be awarded only once per 12 month period for an existing vanpool.
4. The vanpool may not receive any other financial seat assistance, directly or indirectly, from the Commonwealth of Virginia, local jurisdictions, commuter assistance programs, or through Commuter Connections in the prior 12 months (including VanStart or a previous VanSave award).
5. All vans must be properly registered with their respective Department of Motor Vehicles, local jurisdictions, and all taxes, fees, and related assessments must be current.
6. The owner/Operator must certify that the van is appropriately insured under a Commercial Auto Policy or a Vanpool Policy (this is an insurance category different from

a personal or family auto policy) or by the AdVANtage program (a self-insurance pool for Virginia vanpools). The vanpool must be continuously covered by a comprehensive insurance policy with a minimum of \$1,000,000 in coverage.

7. The vanpool must demonstrate continuous active recruiting for new passengers and submit proof of recruitment efforts through the monthly invoice, in the form of copies of posters at work places, newspaper advertisements, classified advertising, e-mail, etc.
8. The vanpool must meet the federal guidelines for a “commuter highway vehicle” under 26 U.S.C. § 132 (f) which states the seating capacity of the vehicle is at least 7 adults and 80 percent of the annual mileage use is for the purpose of commuting to and from work.
9. The Operator must demonstrate that the vanpool has lost at least 25 percent of its paid passengers for more than 30 days by supplying the names and contact information of vanpool driver and existing passengers for verification.
10. The Operator must demonstrate that at all time during VanSave program less than 25 percent of the vanpool passengers have participated in a vanpool that received financial seat assistance from the Commonwealth of Virginia within the prior twelve (12) months.

SEAT ASSISTANCE AMOUNTS FOR EXISTING VANPOOLS

Eligible vanpools may receive financial assistance up to \$200 per empty seat, for the following maximums:

Total Passenger Seats	Empty Seats Month #1	Empty Seats Month #2	Empty Seats Month #3	Empty Seats Month #4
15	5	4	3	2
12	4	3	2	1
9	3	2	1	0
7	2	1	1	0

TERMS AND CONDITIONS

In addition to meeting the eligibility requirements, the vanpool Operator must agree to the following conditions to receive financial assistance.

1. The Operator shall submit a completed VanSave application including the Vanpool Driver and Passenger List to their designated commuter assistance program to determine eligibility for participation in the VanSave program.
2. By submitting this application, the vanpool will be registered in the commuter assistance program database for ride matching.
3. The commuter assistance agency reserves the right to verify all information submitted through this application and any false, misleading or otherwise erroneous statements made by or on behalf of the Operator may result in the immediate expulsion of all of the Operator's vanpools from the VanSave program.
4. In the event of expulsion, the Operator will return within five (5) days of written demand all funds received from the commuter assistance agency related to the existing Vanpool. If the Operator fails to return such funds within five (5) days of written demand, then the Operator will be liable to the commuter assistance agency for all collection expenses including, but not limited to, all court costs and attorney's fees.
5. All notices and communications regarding VanSave program administration between the commuter assistance agency and Operator will be in writing and may be effectively delivered personally, by email, by facsimile, or by regular, certified, or registered mail.
6. The vanpool owner/Operator or coordinator must demonstrate continuous active recruiting for new passengers (i.e. posters at workplaces, newspaper advertisements, etc.) that is open to the public. Documentation of efforts to recruit additional passengers must be provided monthly with the Vanpool Driver and Passenger List. Additional assistance to recruit passengers may be provided by one or more of Virginia's commuter assistance programs at both the origin and destination areas.

7. The Operator applicant will be notified in writing that their application for VanSave assistance has been approved or denied and the reason for denial.
8. Approved Operators will receive the required VanSave monthly invoice form and Vanpool Driver and Passenger List from their designated commuter assistance agencies.
9. To receive monthly VanSave seat assistance, approved Operators shall submit to their designated commuter assistance agencies the official VanSave monthly invoice and Vanpool Driver and Passenger List for the prior month on or before the tenth (10th) day of each eligible month.

VANSAVE APPLICATION

Vanpool Operator Contact Information:

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Telephone: (_____) _____

Email: _____

Facsimile: (_____) _____

Vanpool Information:

1. Vanpool driver name: _____

2. Work phone: (_____) _____

3. Home phone: (_____) _____

4. Van license plate #: _____

5. Van VIN #: _____

6. Vanpool ID#: _____

7. Vehicle insurance provider name: _____

8. Vehicle insurance policy number: _____

9. Vanpool origin address: _____

10. Vanpool destination address(s): _____

11. Vanpool start-up date: _____

12. Van capacity (including driver): _____

13. Number of seats the vanpool anticipates operating filled (including driver): _____

14. Monthly rider fare: _____

15. Number of passenger seats currently filled: _____

16. Number of seat assistance requested for: _____

17. Please describe the reason for VanSave application (include the number of passengers needed to fill van to capacity): _____

18. Have you received a subsidy or financial assistance in the last twelve months?

(YES/NO): _____

19. If you answered yes to question 17 above, please explain:

20. Please describe any recruiting efforts for filling empty seats (attach proof):

CERTIFICATION FOR VANSERVE PROGRAM FOR EXISTING VANPOOLS

I certify and affirm that:

1. I will immediately notify the commuter assistance program managers in the event I no longer qualify for the VanSave Program;
2. I am aware that the information I have provided to obtain financial assistance is subject to review and verification;
3. That I have not received financial seat assistance, directly or indirectly, from the Commonwealth of Virginia for the existing Vanpool in the last 12 months;
4. That less than 25 percent percent of the total riders in this vanpool have participated in a vanpool that received financial seat assistance from the Commonwealth of Virginia, directly or indirectly, in the previous 12 months;
5. That the existing Vanpool has lost at least 25 percent of its paid passengers for more than 30 days.
6. I understand that financial assistance is not guaranteed and is based on, among other things, eligibility, compliance with the requirements of the VanSave Program for existing Vanpools, and funding availability.
7. I have read and will comply with all of the eligibility requirements and terms and conditions of the VanSave program.

I HAVE READ THE FOREGOING INFORMATION AND I AGREE TO THE TERMS OF THE VANSERVE PROGRAM AND WISH TO BE CONSIDERED FOR ELIGIBILITY. I UNDERSTAND THAT THE VANSERVE PROGRAM IS A DISCRETIONARY SUBSIDY AND FINANCIAL ASSISTANCE IS NOT GUARANTEED.

VANPOOL OPERATOR'S SIGNATURE: _____

VANPOOL OPERATOR'S NAME (Print): _____

DATE: _____

VANPOOL DRIVER AND PASSENGER LIST

This form must be submitted with the VanSave application.

MONTH/YEAR _____

(Indicate Driver with a D or Driver, Before Name)

Sr. #	Full Name	Email	Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

I HEREBY AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THE STATEMENTS BEING MADE ARE NOT BEING MADE FOR ANY IMPROPER PURPOSE.

Signature: _____ Date: _____

Name (Printed): _____

Title: _____ and Authorized Agent.

Note: Please attach this form to your monthly VanSave invoice and submit to your local commuter assistance program.

Send completed application to:

<INSERT NAME> COMMUTER ASSISTANCE PROGRAM

<INSERT LOGO>

A Vanpool!VA Member

CONTACT NAME: _____

STREET ADDRESS: _____

EMAIL: _____

PHONE: (_____) _____ FAX: (_____) _____

For office use only:

Date Received: _____

Vanpool ID#: _____

Application Approval (please check one):

Approved

Not Approved

Signature (Approved by): _____

Print name (Approved by): _____

Approval date: _____