



# VanStart Program

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A Vanpool Assistance Program  
Program Requirements and Application

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VIRGINIA DEPARTMENT OF RAIL AND PUBLIC TRANSPORTATION

# VanStart Program

## A Vanpool Assistance Program for New Vanpools

### ELIGIBILITY REQUIREMENTS

The VanStart Program for new Vanpools (“VanStart”) is designed to provide vanpool owners and/or operators (“Operator”) with temporary financial assistance during the startup phase of a new vanpool.

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

Program Eligibility Requirements:

1. VanStart application will be accepted based on vanpool origin, destination, and passenger information.
2. The vanpool must have been operating for less than ninety days.
3. The vanpool must not have received VanStart seat assistance at any other time.  
VanStart assistance will be awarded only once per new 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 during the VanStart assistance period.
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 at least 50 percent of the passenger capacity is full by supplying the names and contact information of vanpool driver and existing passengers for verification.
10. The vanpool must maintain a minimum of 75 percent new vanpool riders who have not been part of another vanpool within the past 12 months at all time during the VanStart program.

### **SEAT ASSISTANCE AMOUNTS FOR NEW 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 terms and conditions to receive financial assistance.

1. The Operator shall submit a completed VanStart application including the Vanpool Driver and Passenger List to their designated commuter assistance program to determine eligibility for participation in the VanStart program.
2. By submitting this application, the vanpool will be registered in the commuter assistance program database for ride matching.
3. The designated 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 denial of application or in the immediate expulsion of all of the Operator's vanpools from the VanStart 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 new 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 VanStart 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 VanStart assistance has been approved or denied and the reason for denial.
8. Approved Operators will receive the required VanStart monthly invoice form and Vanpool Driver and Passenger List from their designated commuter assistance agencies.
9. To receive monthly VanStart seat assistance, approved Operators shall submit to their designated commuter assistance agencies the official VanStart monthly invoice and Vanpool Driver and Passenger List for the prior month on or before the tenth (10<sup>th</sup>) day of each eligible month.

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## VANSTART 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 VanStart 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):  
\_\_\_\_\_  
\_\_\_\_\_

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**CERTIFICATION FOR VANSTART PROGRAM FOR NEW VANPOOLS**

I certify and affirm that:

1. I will immediately notify the program managers in the event I no longer qualify for the VanStart 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 new Vanpool in the last 12 months;
4. That the vanpool has a minimum of 75 percent new vanpool riders who have not been part of another vanpool within the past 12 months.
5. That this vanpool has been operating for less than 90 days.
6. I understand that financial assistance is not guaranteed and is based on, among other things, eligibility, compliance with the requirements of the VanStart Program for new Vanpools, and funding availability.
7. I have read and will comply with all of the eligibility requirements and terms and conditions of the VanStart program.

**I HAVE READ THE FOREGOING INFORMATION AND I AGREE TO THE TERMS OF THE VANSTART PROGRAM AND WISH TO BE CONSIDERED FOR ELIGIBILITY. I UNDERSTAND THAT THE VANSTART 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 VanStart 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 VanStart 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: \_\_\_\_\_