



**APPLICATION  
FOR  
VANPOOL ASSISTANCE PROGRAM**

Program Applying For: VanStart VanSave Requested Amount of Assistance Per Seat: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Vanpool Operator/Coordinator: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

**VANPOOL INFORMATION**

Date Vanpool Began Operation: \_\_\_\_\_

Destination of Vanpool: \_\_\_\_\_ Miles Per One-way Trip of Vanpool: \_\_\_\_\_

Route Traveled by Vanpool: \_\_\_\_\_

\_\_\_\_\_

Current Capacity of Vanpool: \_\_\_\_\_ Maximum Capacity of Vanpool: \_\_\_\_\_

Date Seat(s) Became Vacant: 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Cost Per Passenger Excluding Driver: @Current Capacity: \_\_\_\_\_ @Maximum Capacity: \_\_\_\_\_

Date Registered with Rideshare Database: \_\_\_\_\_

How will you help aggressively recruit passengers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**INSURANCE INFORMATION**

You may attach a copy of your insurance identification card instead of completing this section.

Name of Commercial Auto Policy/  
Vanpool Policy carrier van is insured under: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

---

**SUBMIT THE FOLLOWING WITH APPLICATION:**

- Copy of Virginia Motor Vehicle Registration;
- Copy of Driver's License or Other Proof of Identification;
- Vanpool Rider List (form included);
- Completed Certification for Vanpool Assistance (form included).

---

**PLEASE STATE AND EXPLAIN YOUR NEED FOR TEMPORARY FUNDING THROUGH THE VANPOOL ASSISTANCE PROGRAM:** (Attach an additional sheet if necessary)

---

**COMMENTS OR ADDITIONAL INFORMATION:** (Attach an additional sheet if necessary)

---

*Rappahannock-Rapidan Commuter Services is a FREE public service for the residents of Culpeper, Fauquier, Madison, Orange, and Rappahannock Counties and is supported by the Rappahannock-Rapidan Regional Commission and the Virginia Department of Rail and Public Transportation*

**CERTIFICATION  
for  
VANPOOL ASSISTANCE PROGRAM**

**I CERTIFY AND AFFIRM 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 car pools, van pools, and bus pools.
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 on the reverse;
5. I have not requested or received State financial assistance for this van/vanpool for the last 12 months;
6. No more than 49% of the total riders in the vanpool have participated in a State financial vanpool assistance program in the previous 12 months;
7. The matters and facts contained in the foregoing application are true and subject to verification;
8. I understand this is a voluntary program and will not hold the State of Virginia, the Department of Rail & Public Transportation, the local Rideshare Program, or their employees liable for any injuries or damages and/or incompatibility among vanpool participants;
9. If I misuse the assistance, I may be held guilty of criminal fraud and breach of contract. The Department of Rail & Public Transportation will be allowed to take appropriate action.

Date: \_\_\_\_\_ Program Applying For: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Name: (Please print clearly) \_\_\_\_\_

Address: \_\_\_\_\_

-----  
Application Approved:

Date: \_\_\_\_\_ Ridesharing Manager: \_\_\_\_\_

(over)

## **Eligibility Requirements for Vanpool Assistance Program**

1. The vanpool must register with a State recognized rideshare database.
2. The van must have PV plates (or a copy of the application must be attached) and must be properly registered with the local jurisdiction (i.e. the vehicle must have a county sticker).
3. The vanpool must be a nonprofit operation.
4. The owner/operator must certify that the van is appropriately insured under a Commercial Auto Policy or a Vanpool Policy, an insurance category different from a personal or family auto policy.
5. The owner/operator must demonstrate continuous aggressive recruiting for new passengers. Additional recruiting assistance will be provided by the Rideshare Program.
6. Additional eligibility, monitoring or 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;
  - e. Origin and destination of the vanpool;
  - f. The vanpool's realistic potential for operating at capacity.
7. A vanpool owner/operator may not apply for assistance if 50% or more of the total ridership of the van has been in another vanpool with received State financial vanpool assistance in the past 12 months. For example, on a 15-passenger van, no more than 7 of the passengers may have been in a vanpool which received State financial vanpool assistance in the past 12 months.

## **Eligibility Requirements for VanStart Program**

1. The vanpool must be in its first three (3) months of operation.
2. The owner/operator must demonstrate that at least 50% of the passenger capacity is full by supplying to the Rideshare Manager for verification the names and telephone numbers (both work and home numbers) of existing passengers.

## **Eligibility Requirements for VanSave Program**

1. The vanpool must be registered with a State recognized database for a minimum of 30 days prior to application for assistance.
2. The vanpool must be in operation for a minimum of six months and may not have received any state assistance funds for 12 months.
3. The van must have lost at least 25% of its paying passengers for more than 30 days.

# VANPOOL RIDER LIST

Vanpool Operator: \_\_\_\_\_ Month: \_\_\_\_\_

Signature of Person Submitting Report: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

7. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

8. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

9. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

10. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

11. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

12. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

13. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

14. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

15. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_