

www.neckride.org

Van Start/Save Program

NeckRide VAN START / SAVE PROGRAM FOR VANPOOLS

The Van Start and Van Save programs subsidize empty seats over a defined period of time. The Van Start / Save Program is open to all vanpools that travel from the Northern Neck to the Washington Metro Area. Van Start / Save assistance will be granted at the discretion of the NeckRide based on the eligibility of the applicant and the demonstrated aggressiveness in recruiting passengers. The program provides up to \$150.00 flat rate per eligible empty seat, per number of eligible months. See program details for eligibility requirements and financial assistance terms and conditions. Funding for this program is limited and available only until the funds are spent.

The Van Start/Save Program is funded by the Virginia Department of Rail and Public Transportation (VDRPT) and NeckRide.

For more information or to apply, contact NeckRide at (804) 333-6683 or info@neckride.org

Van Start / Save Program Eligibility Requirements

1. The vanpool must travel from the Northern Neck to the Washington Metro Area.
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 6 adults (not including the driver), and
 - (b.) at least 80 percent of the mileage use of which can reasonably be expected to be for the purposes of transporting employees in connection with travel between their residences and their place of employment, and on trips during which the number of employees transported for such purposes is at least ½ of the adult seating capacity of such vehicle (not including the driver).
3. 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.
4. The vanpool owner/operator or coordinator must demonstrate continuous aggressive recruiting for new passengers (i.e. posters at workplaces, newspaper advertisements, etc.). Additional assistance to recruit passengers will be provided by NeckRide and/or by one of Virginia’s commuter assistance/TDM programs at both the origin and destination areas.
5. A vanpool owner/operator or coordinator may not apply for or receive financial assistance from this program if 50% or more of the total riders have been in another vanpool which received other financial assistance for vanpool start up or empty seats in the past 12 months.
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. Van Start vanpools must be new and not have operated for more than three months.
8. Van Start 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.
9. Van Start owner/operators or coordinators that receive Van Start funds may not apply for or receive Van Save funds for at least 12 months after the last Van Start payment is received.
10. Van Save Vanpools must have been in operation for a minimum of 6 months and may not have received any financial assistance for empty seats or vanpool operation for the past 12 months.
11. To be eligible for Van Save the vanpool must have lost at least 25% of its paid passengers for more than 30 days.

***VAN START / SAVE
PROGRAM FINANCIAL ASSISTANCE TERMS***

Eligible and approved vanpools may receive financial assistance of up to \$150, or the actual monthly rider fare, whichever is less, per monthly vacant passenger seat, up to the following maximums:

Total Pass. Seats	# of Seats Subsidized Month 1	#of Seats Subsidized Month 2	#of Seats Subsidized Month 3	#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

APPLICATION

FOR NeckRide VAN START/SAVE PROGRAM

This applications is for: Van Start Van Save

Vanpool Company: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contact Address: _____

Vanpool Information

Vehicle Make/Model/Type: _____

Vehicle Seating Capacity (including 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: _____

When did the monthly passengers leave the vanpool?

Passenger 1 : _____ **Date:** _____

Passenger 2 : _____ **Date:** _____

Passenger 3 : _____ **Date:** _____

Passenger 4 : _____ **Date:** _____

**APPLICATION CERTIFICATION
FOR NeckRide VAN START / VAN SAVE PROGRAM**

I CERTIFY AND AFFIRM:

1) That I will immediately notify the NeckRide Van Start/Save Program manager when I no longer qualify for the this program;

2) That I am aware that the information I have provided is subject to review and verification;

3) That I am familiar with and will comply with all of the eligibility requirements and responsibilities stated in the program requirements;

4) That I have not requested or received financial assistance for this vanpool for the last 12 months;

5) That no more than 50% of the total riders in the vanpool have participated in the Van Start or Van Save program in the previous 12 months;

6) That the matters and facts contained in the foregoing application are true and subject to verification.

DATE _____

APPLICANT SIGNATURE _____

APPLICANT NAME (Please print) _____

VANPOOL DRIVER AND PASSENGER LIST
(Indicate Driver with a D or Driver, Before Name)

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

Name of Vanpool Coordinator or Owner/Operator _____

Vanpool Destination _____

Work Phone _____ Home Phone _____

Vanpool Start Up Date _____ Date _____

Signature _____