## **Measure C Commuter Vanpool Request for Subsidies/Reimbursements**

|      | Date of Submittal:  |                |
|------|---|----------------|
| Apı  | Applicant Information   |                |
| Cor  | Company name:   |                |
| Cot  | Contact name:   |                |
| Ado  | Address:  |                |
| Pho  | Phone Number: Fax Number:   |                |
| Em   | Email Address:  |                |
| Is t | Is this a new or existing vanpool?   New Existing (Application begins of  | on page 4)     |
| Ple  | Please submit applications to the following location:   |                |
|      | Council of Fresno County Governments<br>2035 Tulare Street, Suite 201<br>Fresno, CA 93721   |                |
|      | (559) 233-4148<br><u>www.fresnocog.org</u>  |                |
|      | Be sure the following itmes are included with your application submittal. Checapplicable box below to indicate inclusion of material:                               | ck each        |
|      | ☐ Completed Measure C Vanpool Incentive Program – Passenger Applications (or participant.   | ne per vanpool |
|      | Documentation to support assumptions for commuter trip reductions, alternative transportation linkages, new passenger recruitment information and reduced Traveled. |                |
|      | ☐ Co-funding information  |                |
|      | ☐ Signed waivers from vanpool participants (if not providing an Emergency Ride Hom  | e Program)     |
|      | Other:  |                |

## **Check List for Eligibility Criteria**

## New vanpools applying for subsidies or reimbursements must include the following:

- At least six riders and one driver
- Vanpool should operate at least 5 days per week, unless participants are working full-time on an alternate work schedule that requires fewer commute days
- An Emergency Ride Home Program (ERH) provided or arranged by the Vanpool Provider or signed waivers from all participating vanpool riders/driver that they don't want ERH provided to their vanpool
- Must originate within Fresno County
- A qualifying "new" vanpool is one that is formed but not yet on the road, or a vanpool that has been on the
  road for less than 2 months. No new vanpool may receive the subsidies or incentives unless 50 percent of
  the vanpool's riders have not traveled in a vanpool on a regular basis for a period of six months from the
  time of application submission to the program.
- Participants are required to use an authorized vanpool vendor such as Enterprise Rideshare, VPSI, KART
  or other agency, or form an employer sponsored vanpool. Owner-Operator vanpools are not eligible to
  receive these subsidies
- Vanpools may supplement this incentive with other subsidies. Examples include employers, the San Joaquin Valley Air Pollution Control District and Commuter Checks
- The subsidy must be revoked if a vanpool's ridership falls below seven members (including the driver) for more than 4 consecutive months.
- If an "offshoot" vanpool is formed from members of a vanpool that previously applied for a subsidy from this
  program, and the route is essentially the same, the original vanpool must remain viable or the new vanpool
  will not qualify for the subsidy

## Existing vanpools must comply with the following requirements:

- At least six riders and one driver
- Vanpool should operate at least 5 days a week, unless participants are working full-time on an alternate
  work schedule that requires fewer commute days.
- An Emergency Ride Home Program (ERH) provided or arranged by the Vanpool Provider or signed waivers from all participating vanpool riders/driver that they don't want ERH provided to their vanpool
- Must originate within Fresno County
- Participants are required to use an authorized vanpool vendor such as Enterprise Rideshare, VPSI, KART
  or other agency, or form an employer sponsored vanpool. Owner-Operator vanpools are not eligible to
  receive these subsidies
- Vanpools may supplement this incentive with other subsidies. Examples include employers, the San Joaquin Valley Air Pollution Control District and Commuter Checks
- The subsidy must be revoked if a vanpool's ridership falls below seven members (including the driver) for more than 4 consecutive months
- If an "offshoot" vanpool is formed from members of a vanpool that previously applied for a subsidy from this
  program, and the route is essentially the same, the original vanpool must remain viable or the new vanpool
  will not qualify for the subsidy

| New Vanpool Application  |               |                 |                              |             |  |
|--|---------------|-----------------|------------------------------|-------------|--|
| Total funding amount requested:  |               |                 |                              |             |  |
| Total vanpool lease cost:  |               |                 |                              |             |  |
| Please indicate all eligible subsidies and requested in each category:                         | eimbursements | you are applyir | ng for and                   | the funding |  |
| Subsidies & Reimbursements Funding Requested   |               | Description     |                              |             |  |
| ☐ Monthly Lease Subsidy  | 1             |                 |                              |             |  |
| ☐ Medical Exam Expenses  |               |                 |                              |             |  |
| ☐ Emergency Ride Home Program  |               |                 |                              |             |  |
| ☐ Driver Incentive   |               |                 |                              |             |  |
| ☐ Parking Permits/Costs  |               |                 |                              |             |  |
| ☐ Other Associated Costs   |               |                 |                              |             |  |
| Total number of vanpool participants:  |               |                 |                              |             |  |
| indicate whether they are Primary or Alternate Driver, as well as whether Driver Driver Subsid |               |                 | Other<br>Subsidy?<br>Yes*/No |             |  |
|  |               |                 |                              |             |  |
|  |               |                 |                              |             |  |
|  |               |                 |                              |             |  |
|  |               |                 |                              |             |  |
|  |               |                 |                              |             |  |
|  |               |                 |                              |             |  |
|  |               |                 |                              |             |  |

\*For those who are receiving other subsidies, please indicate the amount received, what type of subsidy/reimbursement it is (what's it for?) and the source of the funding in the table below:

| Participant Name   | Subsidy Amount | Subsidy Type | Source |  |
|--|----------------|--------------|--------|--|
|  |                |              |        |  |
|  |                |              |        |  |
|  |                |              |        |  |
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|  |                |              |        |  |
|  |                |              |        |  |
|  |                |              |        |  |
|  |                |              |        |  |
| General Route Description (location of pick-up, drop-off and scheduled stops):   |                |              |        |  |
|  |                |              |        |  |
| Days of operation each mor   | nth:           |              |        |  |
|  |                |              |        |  |
| Monthly projected Vehicle Miles Traveled:  |                |              |        |  |
| Emergency Ride Home Requirements: All new and existing vanpools applying for Measure C subsidies or reimbursements must have an Emergency Ride Home Program (ERH) provided or arranged by the Vanpool Provider, or signed waivers from all participating vanpool riders/driver that they don't want ERH provided to their vanpool. |                |              |        |  |
| ☐ I have attached signed waivers from vanpool participants.  |                |              |        |  |
| ☐ An ERH is already available to each of the vanpool's participants. Describe:   |                |              |        |  |
|  |                |              |        |  |
|  |                |              |        |  |

| Existing Vanpool Application  |  |                    |        |         |  |
|---|--|--------------------|--------|---------|--|
| Total funding amount requested:   |  |                    |        |         |  |
| Please indicate all eligible subsidies and reimbursements you are applying for and the funding requested in each category:    |  |                    |        |         |  |
| Subsidies & Reimbursements  | bsidies & Reimbursements Funding Description Requested |                    |        |         |  |
| ☐ Empty Seat Subsidy  |  |                    |        |         |  |
| ☐ Driver Replacement Costs  |  |                    |        |         |  |
| ☐ Emergency Ride Home Program   |  |                    |        |         |  |
| ☐ Parking Permits/Costs   |  |                    |        |         |  |
| ☐ Other Associated Costs  |  |                    |        |         |  |
| Total number of vanpool participants:  Vanpool participants – Please list the name of each participant, and Primary Alternate |  |                    |        |         |  |
| indicate whether they are Primary or Altern   | ate Drivers  |                    | Driver | Drivers |  |
|   |  |                    |        |         |  |
|   |  |                    |        |         |  |
|   |  |                    |        |         |  |
|   |  |                    |        |         |  |
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|   |  |                    |        |         |  |
|   |  |                    |        |         |  |
|   |  |                    |        |         |  |
|   |  |                    |        |         |  |
| General Route Description (location of pick-up, drop-off and scheduled stops):  |  |                    |        |         |  |
| Ocheral Route Description (location of  | pick-up, drop-c  | on and scheduled s |        |         |  |
|   |  |                    |        |         |  |

| Days of operation each month:  |  |  |  |
|--|--|--|--|
| Emergency Ride Home Requirements: All new and existing vanpools applying for Measure C subsidies or reimbursements must have an Emergency Ride Home Program (ERH) provided or arranged by the Vanpool Provider, or signed waivers from all participating vanpool riders/driver that they don't want ERH provided to their vanpool. |  |  |  |
| ☐ I have attached signed waivers from vanpool participants.  |  |  |  |
| ☐ An ERH is already available to each of the vanpool's participants. Describe:   |  |  |  |
|  |  |  |  |
|  |  |  |  |