



**TRANSIT RIDERSHIP INCENTIVE PROGRAM (TRIP)
Zero Fare and Low Income Project Application**

Mid-Cycle Grant: FISCAL YEAR 2022

This document must be completed and attached to the mid-cycle grant application in [OLGA](#).

Before submitting an application, DRPT's Grant Application Guidance document for details on this grant program's objectives, eligibility, and other important information.

This document is designed for applicants applying for the Virginia Department of Rail and Public Transportation's (DRPT) Transit Ridership Incentive Program (TRIP) funds. This application is specific to zero fare and low income projects. For questions on this form or any application details, please email TRIP@DRPT.virginia.gov

GENERAL APPLICATION INFORMATION

Name of Applicant Agency (as it appears in the OLGA account):

Project Title/ Name:

What Geographic Area (s) does the project serve? (counties, cities, towns)

Program Point of Contact:

Contact Name:

Contact Title:

Contact Email:

Contact Phone Number:

Project Type: [select one]

Subsidized / zero fare passes to low income populations

Elimination of fares for high-capacity corridors/ the creation of zero fare zones

Deployment of an entirely zero fare system

MEETING THE GRANT PROGRAM OBJECTIVE

The goal of the TRIP zero fare and low income pilot program is to reduce obstacles to transit use and create more accessible services throughout the commonwealth. In consideration of the identified goal(s) of the program and the definitions provided in the application guidelines, please complete the following prompts:

Project justification: provide detail of the demonstrable need that this project will support. This section should briefly outline the project's purpose and vision.

Evidence of quality service: Provide detail on how this project will benefit the transit riders.

Equity and accessibility: Provide high-level explanation on how this project will benefit low income communities and increase the equity and accessibility of your systems.

Metric of low income: If applicable, provide explanation on the chosen metric of low income.

Collaboration: Has a local nonprofit or community organization been identified to strengthen the outreach and deployment of this project?

Yes _____ *[identify partners]*

No

If applicable, please provide detail about how this partnership will impact the project success:

PROGRAM COMPONENTS:

Detailed Project Description

A more descriptive project summary that includes the following components:

- Reasonable and explanatory project scope that reflects the project details required to meet the identified need
- Brief project schedule, focusing on implementation timeline
- Anticipated impact on local transit ridership, this can include: system-wide ridership or specific community route/ neighborhood ridership.
- Applicants should provide any other details that are essential for project evaluation

Impact on ridership and projected metric of success: Provide details on how the deployment of this project will increase transit ridership. This impact can be either system wide or from a specific population based on the aforementioned determination of low income. Using 2025 as a point of comparison, outline the projected ridership increase derived from this project and provide the explanation on how you arrive at this projection.

Impact on equity and accessibility: Provide further detail on how the deployment of this pilot will increase the accessibility of service for all constituents including low income populations or marginalized community members. Provide additional detail on the research or planning that was completed to identify this community need.

FINANCIAL DETAILS

Per the application guidelines, funding is available for up to three years for this specific program. For multi-year projects, it is anticipated that the state's contribution will decrease and the local share will increase as the project progresses.

Total estimated project costs:

Requested state funding (year one- not to exceed 80%):

Local match (year one):

Funding duration (max. 3 years with established step down):

Maintenance of effort/ financial capacity: TRIP aims at supporting sustainable and low term change. Provide details on options, efforts, or plans to secure funding after TRIP funding expires.

For system-wide zero fare operations: DRPT is aware that successfully enacting system-wide zero fare operations relies on a strong financial commitment from the service provider and its' community. For system-wide zero fare operation projects, the applicant must commit to an additional year of operation, where the grantee provides one hundred percent (100%) of project expenses. If applicable, please signify that your agency is aware of this stipulation:

Yes, this stipulation applies to this project and we are aware of the financial commitment

No, this stipulation does not apply to this project

PROJECT SCHEDULE AND IMPLEMENTATION TIMELINE

To ensure the most efficient use of TRIP funds, DRPT will be prioritizing projects that are near ready for implementation.

Project readiness

What, if anything, needs to be done prior to project deployment (eg. vehicle purchase, bus stop improvement, road or signal enhancement, software and hardware installation, hiring.)

Project implementation

Provide brief detail on the project implementation timeline. Applicants should ensure to specifically mention how long it will take to prepare the project after the project agreement is signed and the rationale for this conclusion.

ADDITIONAL PROGRAM COMPONENTS

Program Staff/ Oversight: In the table below, enter the names and position titles of staff that will work on this program. Please provide an attachment of staff members and their salaries (I.E operators).

Previous planning efforts: Please outline any research or outreach practices that are conducted to identify the need for this project.

Local support: Letters of support can be attached to the application. If applicable, please provide additional detail on the entities that support this zero fare or low income project (local government, planning board, MPO, etc).

Organization	Point of Contact	Email Address	Phone Number

Additional information: If applicable, please provide any additional information that would be helpful for project evaluation that's not noted elsewhere in this application

BUDGET DETAIL (Enter all budget expense items and details of all expenses. The budgeted amounts and expense item categories must match those entered in the OLGA application.)