



**TRANSIT RIDERSHIP INCENTIVE PROGRAM (TRIP)  
Zero Fare and Low Income Project Application  
FISCAL YEAR 2024**

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

Before submitting an application, please review [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](mailto: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.

**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 system.

**Metric of low income:** If applicable, provide explanation on the chosen metric of low income. **Required for all subsidized/zero fare passes programs.**

**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

**Ridership Projections:** Using 2021 Ridership data provide projected ridership increases (using 2027 as the projection year). Please attach supporting documentation that supports the provided projection.

2021 Ridership: \_\_\_\_\_

2027 Systemwide Ridership **(without project):** \_\_\_\_\_

2027 Systemwide Ridership **(with project):** \_\_\_\_\_

**Rationale of Projection:**

Please provide detail on how you arrived at the above projections. Rationale must have sufficient information for DRPT to duplicate projection. Quantitative methods preferred.

## 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.

Funding Duration (up to three years):

Local Share for Year 1:

Local Share Percentage (Year 1):

Local Share for Year 2:

Local Share Percentage (Year 2):

Local Share for Year 3:

Local Share Percentage (Year 3) :

Requested State Funding for Year 1 (not to exceed 80%):

Requested State Funding for Year 2 (not to exceed 60%):

Requested State Funding for year 3 (not to exceed 30%):

**Maintenance of effort/ financial capacity:** TRIP aims at supporting sustainable and long term change to fare policies. 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 systemwide zero fare operations relies on a strong financial commitment from the service provider and its' community. For systemwide 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 committment

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 (software purchase, bus stop improvement, road or signal enhancement, hiring, etc.)

### **Project implementation**

Provide additional 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. If the employees salaries are intended to be funded by this grant, then 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.)**

*\*Every application must clearly label the associated capital costs, if applicable*

*\*Applications will not be considered without the provision of a proper financial breakdown. Each requested cost must correspond with an eligible line item (i.e net fare collection, software procurement, salaries)*