



**TRANSIT RIDERSHIP INCENTIVE PROGRAM (TRIP)  
Regional Connectivity Projects Application  
FY 24**

This document must be completed and attached to the email application submission. Before submitting an application, see [FY 24 DRPT Transit Grant Application Manual \(Blue book\)](#) for details on this grant program’s objectives, eligibility, and requirements.

This document is designed for applicants applying for the Virginia Department of Rail and Public Transportation (DRPT) Transit Ridership Incentive Program (TRIP) funds. This application is specific to regional connectivity projects. For questions on this form or any application details, please email [TRIP@DRPT.virginia.gov](mailto:TRIP@DRPT.virginia.gov)

**NOTE:** HB1414 determined that the following regions are eligible for TRIP Regional Connectivity Funding: Blacksburg, Charlottesville, Hampton Roads, Lynchburg, Northern Virginia, Richmond and Roanoke.

**GENERAL APPLICATION INFORMATION (all fields are mandatory)**

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

Project Title/ Name:

Region (see above note):

Project Type:

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

**Program Point of Contact:**

The below contact information will serve as the primary point of contact for any application questions, please provide a reliable and informed point of contact.

Contact Name:

Contact Title:

Contact Email:

Contact Phone Number:

**MEETING THE GRANT PROGRAM OBJECTIVES (all fields are mandatory)**

The mission of the TRIP-regional connectivity grant program is to improve regional transit access and service, mitigate traffic congestion by increasing the regional role of transit, and provide quality service to constituents residing in or near areas with population excess of 100,000. In consideration of the identified goals of the program and the definitions provided in the application guidelines, describe:

**Project justification:** Provide detail of the demonstrable need that this project will support:

**Evidence of appropriate coverage and useful service:** Provide evidence of useful service that will support commuting needs

**Evidence of regional significance:** Provide detail on the regional significance of the proposed route/service.

**Regional collaboration:** Has the appropriate Metropolitan Planning Organization (MPO) or regional authority been consulted in the preparation of this application?

**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 Systemwide 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. Must provide sufficient details to explain the rationale of the projection. Quantative methods are preferred.

**PROGRAM COMPONENTS (all fields are mandatory)**

In this section, describe the specific components of the regional project applying for transit funds. Expand on program components as needed to provide an accurate representation of the entire project.

**Project description:** A brief yet informative summary of the project that includes:

- Reasonable and explanatory project scope that reflects the project details needed to meet the identified need. Scope must provide evidence of the project's 'useful coverage' and 'regional significance'. **Please refer to the FY 24 Blue Book for those definitions.**
- Brief project schedule/ implementation timeline (how long will it take for the project to be deployed once funding is released)
- Anticipated impact on regional connectivity that may include: emissions reduction, decrease in SOV trips, and congestion mitigation

**FINANCIAL DETAILS: (all fields are mandatory)**

Per the application guidelines, funding is available for up to **five** 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

Duration of Project (up to 5 years):

Total project cost (state share + local share for entire project duration):

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):
Local Share for Year 4:	Local Share Percentage (Year 4):
Local Share for Year 5:	Local Share Percentage (Year 5):

Requested State Funding for Year 1 (not to exceed <b>80%</b> ):
Requested State Funding for Year 2 (not to exceed <b>60%</b> ):
Requested State Funding for Year 3 (not to exceed <b>30%</b> ):
Requested State Funding for Year 4 (not to exceed <b>20%</b> ):
Requested State Funding for Year 5 (not to exceed <b>10%</b> ):

**Funding considerations:** If applicable, provide any additional information on funding request (concerns, challenges, opportunities to use other funding sources, etc.).

**Maintenance of effort/ financial capacity:** Provide details on options and/or plans to continue funding after TRIP funding expires.

**Project schedule and readiness:** What, if anything, needs to be done prior to project deployment (e.g. vehicle purchase, bus stop improvement, road or signal enhancement, software/hardware installation, etc). Additionally, please provide additional detail on anticipated project timeline.

**Local/ regional support:** For all regional connectivity projects, applicants must confirm local support and board approval from all jurisdictions in which route operates/ project serves. Applicants will also be able to submit letters of support from appropriate parties. Provide contact information for all applicable jurisdictions below:

Locality/MPO	Point of Contact	Email Address	Phone Number

**Congestion mitigation:** Applicants must provide explanation on how this project will reduce traffic congestion and SOV trips, consequently heightening the investment in transit. For project evaluation purposes, please provide detailed ridership reports by hour (emphasizing peak periods of ridership) and the projected ridership increase derived from this project (use 2025 as a point of comparison).

**Program staff/ oversight:** In the table below, enter the names and position titles of staff that will work on this program. If salaries are going to be funded via TRIP, then please provide an attachment that outlines the employee's role, tasks, and proposed salary.


**ADDITIONAL PROGRAM COMPONENTS**

Is this project included in a local or statewide approved plan? If so, please provide a link to the relevant documents.

**Yes**

**No**

Link: \_\_\_\_\_

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

**Collaboration and partnerships:** If applicable, identify partners or opportunities to collaborate on this project. Please provide a point of contact and their contact information for each partnership.

**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.)

Expense Category	Budget Amount (as entered in OLGA)	Detailed List of Expenses (Be as specific as possible)	For DRPT Use Only DRPT Notes

- \* Every application must clearly label the associated capital costs
- \* Applications will not be considered unless proper financial breakdown is submitted. All costs should correspond with a line item (i.e salaries, hourly cost of operation, vehicle purchases)