



## TRIP – Zero and Reduced Fare

### Project Information

---

This form 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 Zero and Reduced Fare projects.

For questions on this form or any application details, please email [TRIP@drpt.virginia.gov](mailto:TRIP@drpt.virginia.gov).

**Project Title/Name:**

What geographic area(s) does the project serve? (counties, cities, towns)

**Geographic Areas:**

**Project Type:** (Drop Down List)

\*Represents net fares. Total project cost for these project types should deduct the cost of fare collection.

The below contact information will serve as the primary point of contact for any application questions. Please provide the most appropriate and informed point of contact for this application.

**Contact Full Name:**

**Contact Title:**

**Contact Email:**

**Contact Phone Number:**

### Program Objectives

---

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:

Provide detail of the demonstrable need that this project will support.

**Project Justification:**

Provide high-level detail on how this project will benefit low-income communities and increase accessibility to your system.

**Equity and Accessibility:**

If applicable, please provide define and explain the project's metric for low-income (**Required for all subsidized/zero-fare pass programs**)

**Low-income Metric:**

Describe the anticipated impact on local transit ridership. This can include system-wide ridership and/or target routes and community/neighborhood-level ridership.

**Anticipated Project Impact:**

Please briefly describe the partnerships that have been developed to expand outreach and education around the proposed program.

**Outreach and Collaboration:**

**Is this project included in a local, regional, or statewide approved plan?**

If applicable, please identify previous planning efforts and expand upon research and outreach processes undertaken relevant to this project.

**Previous Planning Efforts:**

## Funding Details

---

Funding is available for up to three years for the TRIP Zero- and Reduced-Fare Program. For multi-year projects, the State contribution will decrease year-to-year and the local share will increase accordingly. The maximum state contribution for the first year is 80%, for the second year the maximum state contribution will be 60%, and for the third year the maximum non-state match will be 30%. **To ensure the success of systemwide zero-fare projects, all systemwide zero-fare applicants must commit to an additional year of operations where the grantee provides one hundred percent (100%) of project expenses with continued DRPT oversight.**

### Duration of the Project (up to 4 years):

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.

### Maintenance of Effort/Financial Capacity:

**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 commitment.

**No:** this stipulation does not apply to this project.

### Systemwide Zero-Fare Operations Stipulation:

### Total Project Cost (State share + Local share for the entire project duration):

### Annual Financial Details:

FY (State/Local)	Annual Project Cost	Requested State Amount	Local Share
FY1 (80/20)			
FY2 (60/40)			
FY3 (40/60)			
FY4 (0/100: systemwide zero-fare program only)		\$0	

## Program Staff

---

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) in your application email.

Staff	Title

## Local Support

---

If applicable, please provide additional detail on the entities that support this zero-fare or low-income project (local government, planning board, MPO, etc.).

### Local/Regional Support:

Locality/MPO/Regional Authority	Point of Contact	Email Address	Phone Number

## Documentation and Additional Attachments

---

Please attach previously identified letters of support, and relevant planning, outreach and research/evaluation documents that may aid your proposal.

**Please attach relevant documentation to your application email to [TRIP@drpt.virginia.gov](mailto:TRIP@drpt.virginia.gov).**