



Instructions for completing Measure C Vanpool Passenger Application

The application be legible and completed in its entirety, otherwise it will be rejected.

1. Print Vanpool members full name
2. Print home address. Include PO Box # after home address if you use one.
3. Print home city and zip code
4. Print home and work phone numbers
5. Print employee's company name
6. Print work address
7. Print work city and zip code
8. Reprint work number or cell number
9. State the one way distance from your home to the work site.
10. State the one way distance from your home to where you join the vanpool.
11. State how you heard about the Measure C Vanpool Program.
12. Indicate if you have been a member of a vanpool during the past 6 months by checking either "Yes" or "No".
13. If you check yes, then indicate why you left the vanpool.
14. Check either "Yes" or "No" as to whether or not you have registered with the "Valleyrides" data base; an internet based rideshare program provided by Fresno County. If you have not registered, please do so at www.valleyrides.com
15. Indicate if you are joining a new or existing vanpool.
16. Indicate if you will be a primary driver, alternate driver or passenger.
(Note, there can only be 1 primary driver)
17. Indicate the method you used to get to work before joining a vanpool. If you check other, state what that was in space provided.
18. Print the name of the Primary Driver.
19. Have the Primary driver sign.
20. Print the phone # of the Primary driver.
21. Indicate if you are eligible for other vanpool subsidies or reimbursements. If you check yes be sure and note the name of the subsidy in the space provided.
22. Indicate if you are receiving any vanpool subsidies are reimbursements here. **All State and Federal should check yes here and note which one they are getting.**
23. The applicant or vanpool rider signs here. If you are both the Primary driver and applicant you will sign here as well.
24. Date the application
25. The applicant or vanpool rider signs here. If you are both the Primary driver and applicant you will sign here as well.
26. Date the application

The form may be emailed to calvans@co.kings.ca.us, but originals will need to be mailed to the **CalVans** office at:

California Vanpool Authority 1340 North Drive Hanford, CA 93230
For questions call 866-655-5444.

Measure C Vanpool Incentive Program - Passenger Application- Please Print

For new vanpools, please have each vanpool participant complete this form, and submit them all with the vanpool's completed "Measure C Commuter Vanpool Request for Subsidies/Reimbursements"

VP# _____

1 Vanpool Member's Name

2 Home Address (P.O. Box not accepted)

3 Home City Home Zip

4 Home Phone Work Phone

5 Company Name

6 Work Address

7 Work City Work Zip

8 Work/Cell Phone

9 What is the one-way mileage from your home to your worksite

10 What is the one-way mileage from your home to the vanpool pick-up location?

11 How did you hear about this incentive program?

12 Are you NEW to vanpooling?

(You are considered "new" to vanpooling if you have not been a member of a vanpool within the last 6 months of this application.)

- ☐ YES, I am NEW to vanpooling
☐ NO, I am NOT new to vanpooling

13 If you left a different vanpool, why did you leave the vanpool? _____

14 Are you joining a new or existing vanpool?
☐ New ☐ Existing

15 Will you be the primary driver, alternate driver or passenger?
☐ Primary Driver ☐ Alternate Driver ☐ Passenger

16 How did you get to work before you joined a vanpool?
☐ Drove Alone ☐ Carpool ☐ Public Transit ☐ Other, specify: _____

17 Are you currently registered in www.Valleyrides.com for the \$\$\$ incentive program?
☐ YES ☐ NO

Name of registered Vanpool Driver or Coordinator

Signature of Vanpool Driver or Coordinator

X

Phone number of Vanpool Driver or Coordinator

Are you eligible for any other vanpool subsidies or reimbursements? ☐ YES ☐ NO

Are you receiving any other vanpool subsidies or reimbursements? ☐ YES ☐ NO

I hereby declare the above information to be true to the best of my knowledge and understand that falsifying information can result in disqualification from the Measure C Vanpool Incentive Program. I also understand that any funds I receive may be taxable under federal Law.

Vanpool Member Signature:

X

Date: _____

Release and Waiver of Liability

I, the undersigned, recognize that participation in the Measure C Vanpool Incentive Program is strictly voluntary and that such participation is not within the course and scope of my employment. I, the undersigned request to register my participation in the Measure C Vanpool Incentive Program. I hereby assume full responsibility for all risk of injury and loss, including death, which may result from my participation in the program. I agree to hold harmless, release, waive, forever discharge, and covenant not to bring suit or claim against the Council of Fresno County Governments, Fresno County Transportation Authority or their respective officers, agents, and/or employees from any and all claims and demands which the undersigned may have against the Council of Fresno County Governments, Fresno County Transportation Authority or their officers, agents, or employees, by reason of an accident, illness, injury, or death, or damage to or loss of or destruction of any property arising or resulting directly from my participation in the Measure C Vanpool Incentive Program and occurring during such participation, or any time subsequent thereto, whether or not such loss, injury, or death is caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Council of Fresno County Governments, Fresno County Transportation Authority or their officers, agents or employees. The terms of this release are binding on my heirs, executors, administrators, and for all of my family members as well as myself.

I have read the foregoing paragraph and fully understand the terms contained therein and sign this waiver freely and without inducement.

Vanpool Member Signature:

X

Date: _____

The Passenger Application includes the Release and Waiver of Liability that must be on file prior to participation in the Measure C Vanpool Incentive Program. Return the complete form(s) to your vanpool provider. Passenger applications are submitted as part of the vanpool provider's subsidy application to:

CalVans
1340 North Drive
Hanford, CA 93230

Passenger Form - updated 3/1/18

Measure C Commuter Vanpool Request for Subsidies/Reimbursements

Date of Submittal _____

Applicant Information

Company name: _____

Contact name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

VP # _____ Start Date _____

Name of Main Driver

Is this a new or existing vanpool?

☐ NEW - Year 1

☐ EXISTING – Year 2+

Please submit applications to the following location:

CalVans , 1340 North Drive, Hanford, Ca 93230
or email to: calvans@co.kings.ca.us

(559) 852-2714 for questions

www.calvans.org

FOR FRESNO COG STAFF USE ONLY

☐ **APPROVED**

☐ Other _____

By: _____

Date: _____

EFFECTIVE _____

Be sure the following items are included with your application submittal. Check each applicable box below to indicate inclusion of material:

☐ Completed Measure C Vanpool Incentive Program – Passenger Applications (one per vanpool participant).

☐ Signed waivers from vanpool participants (if not providing an Emergency Ride Home Program)

☐ Documentation to support assumptions for commuter trip reductions, alternative transportation linkages, new passenger recruitment information and reduced Vehicle Miles Traveled.

☐ Co-funding information

☐ Other: _____

NEW Vanpool Application Please indicate all eligible subsidies and reimbursements you are applying for and the funding requested in each category.

☐ **Year 1** - Operational Year of Vanpool: Total funding amount requested: _____
Total vanpool lease cost: _____

Subsidies & Reimbursements	Funding Requested	Description
<input type="checkbox"/> Monthly Lease Subsidy <i>Up to \$600/mo. 1st year</i>		
<input type="checkbox"/> *Initial Medical Exam Expenses <i>Up to \$75 per driver, 3 drivers max</i>		
<input type="checkbox"/> Driver Replacement Costs <i>Up to \$75 per driver, 3 drivers max</i>		
<input type="checkbox"/> Emergency Ride Home Program <i>\$275 maximum for the year</i>		
<input type="checkbox"/> *Driver Incentive <i>\$100 per rider in van the last month of 1st year subsidy</i>		
<input type="checkbox"/> Parking Permits/Costs <i>Up to \$100 per month</i>		

EXISTING Vanpool Application Please indicate all eligible subsidies and reimbursements you are applying for and the funding requested in each category:

☐ **Year 2 plus** - Operational Year of Vanpool: Total funding amount requested: _____
Total vanpool lease cost: _____

Subsidies & Reimbursements	Funding Requested	Description
<input type="checkbox"/> Monthly Lease Subsidy <i>Up to \$300/mo.</i>		
<input type="checkbox"/> Driver Replacement Costs <i>Up to \$75 per driver, 3 drivers max</i>		
<input type="checkbox"/> Emergency Ride Home Program <i>\$275 maximum for the year</i>		
<input type="checkbox"/> Parking Permits/Costs <i>Up to \$100 per month</i>		

General Route Description (location of pick-up, drop-off and scheduled stops):

Days of operation each month: _____ Monthly projected Vehicle Miles Traveled: _____

Vanpool Participants

Total number of vanpool participants: _____

	Vanpool participants – <i>Please list the name of each participant, and indicate whether they are Primary or Alternate Driver, and if they are receiving any other subsidies or reimbursements for vanpooling.</i>	Primary Driver	Alternate Driver	Other Subsidy? Yes*/No
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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

	PATICIPANT NAME	Subsidy Amount	Subsidy Type	Source
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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: _____

Measure C Commuter Vanpool Program - ELIGIBILITY CRITERIA

*Effective
7.1.2020*

Due to COVID19,

the criteria highlighted below is suspended, until further notice

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 riders/driver that they don't want ERH provided to their vanpool
- Must originate within Fresno County
- A qualifying "new" 1st-year vanpool is one that is formed but not yet on the road, or a vanpool that has been on the road for 3 months or less. No new vanpool may receive the subsidies or incentives unless at least 4 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, CalVans, or another 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. This is required only if the members from the original vanpool are counted towards the 7 passenger minimum~~

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, CalVans, 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~~

ELIGIBLE SUBSIDIES AND REIMBURSEMENTS

	<u>NEW 1st Year Vanpools</u>	<u>EXISTING (2nd Year +) Vanpools</u>
Monthly Lease Subsidy	\$600 per month	\$300 per month
Driver Incentive	(\$100 per vanpool participant at end of 1 st year, excluding driver)	Not Eligible
Initial Medical Exams	(Up to \$75/driver, 3 drivers max.)	Not Eligible
Driver Replacement Cost	(Up to \$75/driver, 3 drivers max.)	(Up to \$75/driver, 3 drivers max)
Emergency Ride Home	(Maximum of \$275/year)	(Maximum of \$275/year)
Parking Permits	(Up to \$100/mo., \$1,200/yr. max.)	(Up to \$100/mo., \$1,200/yr. max.)