



**TRANSIT RIDERSHIP INCENTIVE PROGRAM (TRIP)  
Regional Connectivity Projects Application  
FISCAL YEAR 23**

This document must be completed and attached to the mid-cycle grant application in OLGA.

Before submitting an application, see 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 (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. If you have any questions on eligibility, please email [TRIP@DRPT.virginia.gov](mailto:TRIP@DRPT.virginia.gov) before beginning the application process.

**GENERAL APPLICATION INFORMATION**

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

Project Title/ Name:

Region (see above note):

Project Type (Regional Route, Bus Only Lanes, Integrated Fare Collection, and Financing Subsidy Model):

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**

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?

Yes

No

**Ridership Projections:** Using 2019 Ridership data provide projected ridership increases (using 2025 as the projection year). **Please attach supporting documentation that supports the provided projection.**

2019 Systemwide Ridership: \_\_\_\_\_

2025 Systemwide Ridership (**without** project): \_\_\_\_\_

2025 Systemwide Ridership (**with** project): \_\_\_\_\_

### **Rationale of Projection:**

Please provide detail on how you arrived at the above projections.

## **PROGRAM COMPONENTS**

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 transit route's 'useful coverage' and 'regional significance'.
- Brief project schedule/ implementation timeline (how long will it take for the project to be deployed once project agreement is finalized)
- Anticipated impact on regional connectivity that may include: emissions reduction, decrease in SOV trips, and congestion mitigation**

**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:
Local share for year 2:	\$	Local Share Percentage:
Local share for year 3:	\$	Local Share Percentage:
Local share for year 4:	\$	Local Share Percentage:
Local share for year 5:	\$	Local Share Percentage:

**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. Please provide an attachment of staff members and their salaries.


**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 outline 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.

