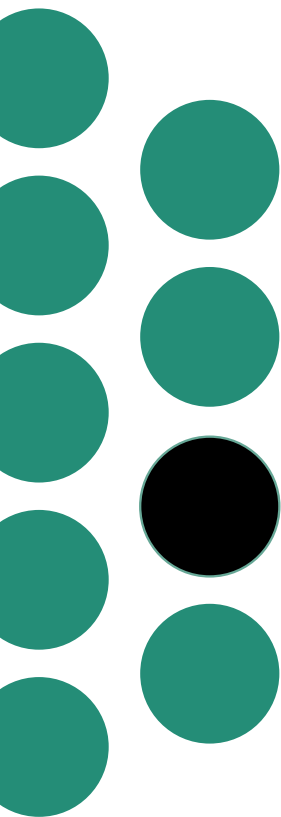


Empty Seat Subsidy

guidelines



HART's Empty Seat Subsidy Program offers temporary funding to new and existing Hunterdon county-bound vanpoolers.

Eligibility Requirements

- 1 The vanpool must register with HART.
- 2 The van must be leased from a 3rd party vanpool provider and lease must be paid and current.
- 3 The applicant must supply proof that the van is appropriately insured under a commercial Auto Policy or a Vanpool Policy (available from VP provider).
- 4 The applicant must submit evidence of continuous aggressive recruiting for new passengers, i.e. employee newsletter article/classified, flyer, email alerts, other.
- 5 The eligible vanpool applicant must submit an Empty Seat Subsidy application for each month a subsidy is requested to HART, with an authorized signature, to attest to the number of vacant seats. (See enclosed form) If a monthly passenger list is not received, a subsidy payment will not be made.
- 6 Application is due 10 days after the end of the month for which subsidy is requested. Funding will not be approved for late applications.

Guidelines for Vanpool Assistance

- 1 Maximum funding available:

Total Passenger Seats	15	12	9	7
Seat Assistance Month #1	2	2	2	2
Seat Assistance Month #2	1	1	1	1
Seat Assistance Month #3	1	1	1	1

- 2 HART determines the amount per passenger seat. The assistance is based on the average cost per passenger seat, excluding the driver, for vanpools operating within comparable distance and market parameters, as well as eligibility criteria.
- 3 Financial assistance will be granted for a maximum of up to 3 months per 12 months.

Funding Restrictions

- 1 Empty Seat Subsidy is provided at the discretion of HART depending on the availability of funding and/or eligibility of van.
- 2 Funding will not be paid to vanpools who choose not to downsize to a smaller van when available.
- 3 Subsidies will be paid directly to vanpool provider on behalf of vanpool. Credit will be issued to monthly lease payment.



Hunterdon Area Rural Transit (HART)

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application for
**Empty Seat
 Subsidy**

Complete the entire application.
 If any section is left blank, the application
 will be returned to you. Subsidies will be
 granted based on the guidelines and
 eligibility requirements set by HART.
 Funding is requested for year.

Vanpool #

Vanpool operator (driver) Name

Backup driver or administrator

Vanpool leasing company

License plate number

Insurance policy number

Name of Insurance Company

Is this a: **new** (in existence for 3 months or less) or **existing vanpool?**

Date vanpool started

Max Van Capacity

Current number of seats occupied

Vanpool Origin (city, state)

Vanpool Destination

Monthly Lease Cost of Van (excluding tolls, gas and other costs)

Name of person submitting application if other than driver

Address

City | State | Zip

Phone Number **E-mail**

Signature of person submitting application



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 84 Park Avenue
 Flemington, New Jersey 08822
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www.hart-tma.com
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Please list the names of additional passengers below.

1 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

2 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

3 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

4 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

5 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

6 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

7 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

8 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____

9 name _____
address _____
city/state/zip _____
phone/home _____ work _____
employer _____
address _____
city/state/zip _____