



**It Pay\$ to Plug In:
NJ's Electric Vehicle Charging Grant Program
Application Form**

APPLICANT INFORMATION

NJ Vendor ID Number: [REDACTED] (Obtain from NJSTART)	Required to begin processing this application	Application Date: 7-16-2020
Applicant: 961 Clinton 2000 Corp		

Employer Name for workplace charging projects (If different):

Applicant Type (Check only one):**

Government	Corporation	Limited Liability	Other
<input type="checkbox"/> State	<input checked="" type="checkbox"/> New Jersey Corp.	<input type="checkbox"/> LLC (Company)	<input type="checkbox"/> Partnership
<input type="checkbox"/> County	<input type="checkbox"/> Out-of-State Corp.		<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Municipal			

**If the Grantee is outside of New Jersey, the Grantee must submit their business registration certificate from the [Department of Treasury](#) and file a copy with the Grant Officer.

Mailing Address Line 1: **961 Clinton Ave**

Mailing Address Line 2:

City: Irvington	State: NJ	Zip: 07111
Contact Person: I Stanovich	Phone: 732-718-2426	Email: stanovich963@yahoo.com
Application Preparer (If different than applicant): John Schott	Phone: 203-313-3408	Email: john.schott@chargepoint.com

DUNS Number:
(Obtain from [here](#)) **Applied for 7/20 - will supply upon request**

Financial Officer's Name: **I. Stanovich** Title: **President**

Grant Executor's Name: **I. Stanovich** Title: **President**
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **Alex Briukhan** Title: _____
(Person that will sign to certify that the resolution to accept the funding was passed. This person **cannot** be the same as the Grant Executor.)

Type of Governing Body (Check only one):

Mayor and Council
 Township Committee
 Board of Commissioners
 Board of Freeholders
 Board of Directors
 Other: Corporation

Accounting Method: Cash
 Modified Accrual
 Accrual
 Other

Date Fiscal Year Ends: **6/31**





Insurance:
The Grantee maintains and must continue to maintain the required insurance coverages as follows:
 (Check your coverage)

1. Comprehensive general liability

- Insurance
- Self-insurance
- Not required

2. Automotive liability

- Insurance
- Self-insurance
- Not required

3. Worker's compensation

- Insurance
- Self-insurance
- Not required

4. Employer's liability

- Insurance
- Self-insurance
- Not required

Certificates of insurance or documentation of self-insurance:

- Are on file with the Department.
- Will be forthcoming within 30 days after the effective date of the agreement.
- Other (explain)

I. Stanovich

Name

Signature

7-16-2020

Date





**It Pay\$ to Plug In:
NJ's Electric Vehicle Charging Grant Program
DC Fast Charging Station Project Information Form**

Project Information

Proposed Charging Station(s) Location (at least one form per corridor location):	Street Address Line 1: 961 Clinton Ave
	Street Address Line 2:
	City: Irvington County: Essex
	State: NJ Zip Code: 07111

Location Description: Gas station

Is the location on government-owned property? Yes No

Please select the type of project: Corridor eMobility

(For Corridor projects) **Which eligible roadway would this location serve?** Garden State Parkway

(For Corridor projects) **Is this location within one (1) mile from an exit?** Yes No

Name of electric service provider: PSE&G

Charging stations being installed

Please provide the number of each type of charging station you propose to install as well as the make and model or other relevant information to describe the charging station(s).

DC Fast Charging Stations	Description
Number: 2	Make: ChargePoint Model: Express Plus Power: <u>160</u> kW (minimum of 150kW required for Corridor projects)

I Stanovich

7-16-2020

Name

Date

Signature

Grant Requested:	\$ 200,000
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Lease? Yes No