



**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: **AB Trading Enterprises Inc.**

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: 1750 Hamburg Turnpike

Mailing Address Line 2:

City: **Wayne**

State: **NJ**

Zip: **07470**

Contact Person: **Alex Briukhan**

Phone: 973-886-6118

Email: ab56corp@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: Alex Briukhan

Title: President

Grant Executor's Name: Alex Briukhan

Title: President

(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **Irina Stanovich**

Title: **Manager**

(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



<p>Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)</p>	<p>1. Comprehensive general liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> <p>2. Automotive liability <input type="radio"/> Insurance <input type="radio"/> Self-insurance <input checked="" type="radio"/> Not required</p>	<p>3. Worker's compensation <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> <p>4. Employer's liability <input type="radio"/> Insurance <input type="radio"/> Self-insurance <input checked="" type="radio"/> Not required</p>						
<p>Certificates of insurance or documentation of self-insurance:</p>	<table border="1"><tr><td><input type="checkbox"/></td><td>Are on file with the Department.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Will be forthcoming within 30 days after the effective date of the agreement.</td></tr><tr><td><input type="checkbox"/></td><td>Other (explain)</td></tr></table>		<input type="checkbox"/>	Are on file with the Department.	<input checked="" type="checkbox"/>	Will be forthcoming within 30 days after the effective date of the agreement.	<input type="checkbox"/>	Other (explain)
<input type="checkbox"/>	Are on file with the Department.							
<input checked="" type="checkbox"/>	Will be forthcoming within 30 days after the effective date of the agreement.							
<input type="checkbox"/>	Other (explain)							

Alex Briukhan

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:
	Street Address Line 2:
	City: County:
	State: Zip Code:

Location Description:

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?


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

Name of electric service provider:

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:	Make:
	Model:
	Power: _____ kW (minimum of 150kW required for Corridor projects)

Name _____

Date _____

Signature 

Grant Requested:	\$
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Lease? Yes ☐ No ☐