



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

APPLICANT INFORMATION

NJ Vendor ID Number: [REDACTED] Required to begin processing this application
(Obtain from NJSTART)

Application Date:
5/21/20

Applicant: **C 3 Technologies, LLC**

Employer Name for workplace charging projects (If different):

Applicant Type** (Check only one):

Government	Corporation	Limited Liability	Other
<input type="checkbox"/> State	<input type="checkbox"/> New Jersey Corp.	<input checked="" 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: **501 Adams Lane**

Mailing Address Line 2: **Suite 1**

City: **North Brunswick**

State: **NJ**

Zip: **08902**

Contact Person: **Emanuel Alvarez**

Phone: **732-348-8570**

Email: **malvarez@c-3technologies.com**

Application Preparer (If different than applicant):

Phone:

Email:

DUNS Number: [REDACTED]
(Obtain from [here](#))

Financial Officer's Name: **Emanuel Alvarez**

Title: **President**

Grant Executor's Name: **Emanuel Alvarez**

Title: **President**

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

Resolution Certifier's Name: **Emanuel Alvarez**

Title: **President**

(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: **Single Member LLC**

Accounting Method: ☐ Cash ☐ Modified Accrual ☒ Accrual ☐ Other

Date Fiscal
Year Ends: **12/31**



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

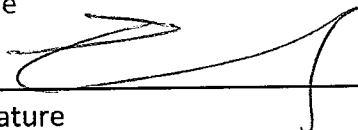
- ☒ Insurance
☐ Self-insurance
☐ Not required

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)

Emanuel Alvarez

Name



Signature

May 21, 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: 501 Adams Lane
	Street Address Line 2:
	City: North Brunswick County: Middlesex
	State: NJ Zip Code: 08902

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: PSEG

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: Gilbarco
	Model: Veefil-RT 50KW DCFC
	Power: 50 kW (minimum of 150kW required for Corridor projects)

Emanuel Alvarez

May 27, 2020

Name

Date

Signature

Grant Requested:	\$ 125000.00
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Lease? Yes ☐ No ☒