



**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 Application Date: 06/16/2020  
(Obtain from [NJSTART](#))

Applicant: **County of Essex**

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 type="checkbox"/> LLC (Company)	<input type="checkbox"/> Partnership
<input checked="" 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: **Department of Public Works**

Mailing Address Line 2: **900 Bloomfield Avenue**

City: <b>Verona</b>	State: <b>NJ</b>	Zip: <b>07044</b>
Contact Person: <b>Sanjeev Varghese</b>	Phone: <b>973-226-8500</b>	Email: <b>svarghese@essexcountynj.org</b>
Application Preparer (If different than applicant):	Phone:	Email:

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

Financial Officer's Name: **Hossam Mohamed** Title: **Chief Financial Officer**

Grant Executor's Name: **Joseph N. DiVincenzo, Jr.** Title: **County Executive**  
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **Deborah Davis Ford** Title: **Freeholder Board Clerk**  
(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: \_\_\_\_\_

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

Date Fiscal Year Ends: **12/31/2020**



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

**Sanjeev Varghese**

Name

Signature

**06/16/2020**

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 (one form per  
corridor location - must be  
publicly-accessible):

Street Address Line 1: Essex County Hall of Records  
Street Address Line 2: 495 Dr. Martin L. King, Jr. Blvd.  
City: Newark County: Essex  
State: NJ Zip Code: 07102

**Location Description:** Essex County Government Complex - Public Parking Lot

Is the location on government-owned property? ☒ Yes ☐ No

Which eligible roadway would this location serve? Rt. 27, GSP (<mile from Rt. 21, I-280)

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

Name of electric service provider: Public Service Electric & Gas

**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 (2 port minimum)

Make: ChargePoint

Model: Express Plus Station w/ Power Block

Power: 156 kW (minimum of 150kW required)

**Sanjeev Varghese**

**06/16/2020**

Name

Date

Signature

Grant Requested:

\$ 200,000.00

Lease? Yes ☐ No ☒