



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

APPLICANT INFORMATION							
NJ Vendor ID Number: (Obtain from NJSTART)			ired to begin processing this application		Application 5/1/2020	Date:	
Applicant: Duke Farms Foundation Inc.							
Employer Name for workplace charging projects (If different):							
Applicant Type** (Check only one):							
Government	Corporation		Limited Liability		Other		
State County Municipal	New Jersey Corp. Out-of-State Corp.		LLC (Company)	Partnership Sole Proprietorship			
**If the Grantee is outside of New Jersey, the Grantee must submit their business registration certificate from the <u>Department of Treasury</u> and file a copy with the Grant Officer.							
Mailing Address Line 1: 1112 Dukes Parkway West							
Mailing Address Line 2:							
^{City:} Hillsborough		Stat	e:New Jersey	sey ^{Zip:} 08844			
Contact Person: Jonathan Wagar		Phone: 908-243-3641		Email: jwagar@dukefarms.org			
Application Preparer (If different than applicant): Caroline Sbraga		Phone: 908-243-3637		Email: csbraga@dukefarms.org			
DUNS Number: (Obtain from here)							
Financial Officer's Name: Eileen Oberlander Title: Controller, Director of Finance							
Grant Executor's Name: Peter Simmons (Person authorized to sign the grant agreement on behalf of the applicant) Title: Chief Operating Officer							
Resolution Certifier's Name: Jonathan Wagar (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: Board of Trustees							
Accounting Method: Cash Modified Accrual Accrual Other Date Fiscal 12/31/2020							







Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	1. Comprehensive general liability	3. Worker's compensation				
	Insurance	Insurance				
	Self-insurance	Self-insurance				
	Not required	Not required				
	2. Automotive liability	4. Employer's liability				
	Insurance	Insurance				
	Self-insurance	Self-insurance				
	Not required	Not required				
Certificates of insurance or	Are on file with the Department.					
documentation of self-	✓ Will be forthcoming within 30 days after the effective date of the agreement.					
insurance:	Other (explain)					
Jonathan Wa	agar	06/10/2020				
Name		Date				
Jonathan Wagar Foundation	prod by Jonathan Wagar shahan Wagar o Dieke Farns ou grageduksfarms org c. US 6512164006.04'00'					
Signature						





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 p	1 Street Address Line 1. / / / Kes Parkway West				
corridor location):	Street Address Line 2:				
	City: Hillsborough County: Somerset				
	State: New Jersey Zip Code: 08844				
Location Description:					
Is the location on government-owned property?					
Please select the type of project: Corridor Mobility					
(For Corridor projects) Which eligible roadway would this location serve?					
(For Corridor projects) Is this location within one (1) mile from an exit?					
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: BTC Power				
	Model: BTC HPC, 150KW				
	Power: 150 kW (minimum of 150kW required for Corridor projects)				
Jonathan Wagar	06/10/2020				
Name	Date				
Jonathan Wagar Digita ly signed by Jonathan Wagar Oble Fare of our small-pragarged distartant or or Date: 2020 06 12 16-39 07 04 00	mm Foundation US				
Signature					
	Grant Requested: \$ 200,000				
	Lease? Yes No ✓				