



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

**APPLICANT INFORMATION**

NJ Vendor ID Number: <span style="background-color: black; color: black;">[REDACTED]</span> <small>(Obtain from <a href="#">NJSTART</a>)</small>	<b>Required to begin processing this application</b>	Application Date: 6/5/20
Applicant: <b>First Paterson Operating Inc</b>		

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: **81 1st Ave**

Mailing Address Line 2:

City: <b>Paterson</b>	State: <b>NJ</b>	Zip: <b>07514</b>
Contact Person: <b>Alex Briukhan</b>	Phone: <b>973-886-6118</b>	Email: <b>sambeltser@gmail.com</b>
Application Preparer (If different than applicant):	Phone:	Email:

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

Financial Officer's Name: **Anna Roset** Title: **President**

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

Resolution Certifier's Name: **Alex Briukhan** 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: **6/30**





<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>	<p><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)</p>	

A. Roset

Name

Signature

July 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: <b>81 1st Ave</b>
	Street Address Line 2:
	City: <b>Paterson</b> County: <b>Passaic</b>
	State: <b>NJ</b> Zip Code: <b>07514</b>

**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? Highway 208

(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)

Anna Rozet

July 21, 2020

Name

Date

Signature

**Grant Requested: \$200,000**

Lease? Yes  No