



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

APPLICANT INFORMATION						
NJ Vendor ID Number: Requi		ired to begin processing this application		Application Date: 05/06/2020		
Applicant: Haledon Autos	s Inc					
Employer Name for workplace	charging projects (If dif	feren	t):			
Applicant Type** (Check only one):						
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp.  Out-of-State Corp.		LLC (Company)	Sole F	ership 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: 478 Haledon Ave						
Mailing Address Line 2:						
City: Haledon		State: NJ		Zip: 07508		
Contact Person: Aftab Ahmed		Phone: 2019067963		Email: haledonautos@gmail.com		
Application Preparer (If different than applicant):		Phone:		Email:		
DUNS Number: (Obtain from here)						
Financial Officer's Name: Aftab Ahmed Title: President						
Grant Executor's Name: Aftab Ahmed Title: (Person authorized to sign the grant agreement on behalf of the applicant)						
Resolution Certifier's Name:			Title:			
(Person that will sign to certify that the		fundir	ng was passed. This person car	nnot be the sam	ne 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: one owner with 100% ownership						
Accounting Method: Cash Modified Accrual Accrual Other					Date Fiscal Year Ends:	







Signature	med			
Name	/	Date		
Aftab Ahmed		05/06/2020		
Certificates of insurance or documentation of self-insurance:	Are on file with the Department.  Will be forthcoming within 30 days after Other (explain)	er the effective date of the agreement.		
Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	Self-insurance Not required  Automotive liability Insurance Self-insurance Not required	Self-insurance Not required  4. Employer's liability Insurance Self-insurance Not required		
	Comprehensive general liability     Insurance	Insurance		





## 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 corridor location):	Street Address Line 2:				
	City: Haledon County: Passiac				
	State: NJ Zip Code: 07508				
Location Description:					
Is the location on governme	nt-owned property?				
	oject: Corridor eMobility  Belmont Ave, Haledon Ave,				
(For Corridor projects) Whic	h eligible roadway would this location serve? Pompton Rd to Hamburg Tpk				
	s location within one (1) mile from an exit? Yes Vo				
Name of electric service pro	vider: PSE&G				
New York Tolk Tolk	Charging stations being installed				
Please provide the number of	of each type of charging station you propose to install as well as the make				
	information to describe the charging station(s).				
DC Fast Charging Stations	Description  Make: Obarga Point				
Number: 2	Make: ChargePoint				
	Model: CPE250				
	Power: 150 kW (minimum of 150kW required for Corridor projects)				
Aftab Ahmed	05/06/2020				
Name Again	Date				
Signature					
	Grant Requested: \$200,000				
	Lease? Yes No 🗸				