



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

		APPLIC	ANT IN	IFORMATION	of the second	and the second			
	NJ Vendor ID Number:  (Obtain from NJSTART)		uired to begin processing this application		ation	Application Date:			
Арр	licant: Park 433 Su	pply Inc.				7-16-2020			
1000	loyer Name for workplace		ifferent)	:					
Appl	Applicant Type** (Check only one):								
	Government	Corporation		Limited Liability	0	ther			
	State County Municipal	New Jersey Corp Out-of-State Cor		LLC (Company)	Partne	rship roprietorship			
•	**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.								
Mailin		est Passaic Street	:			90			
Mailin	g Address Line 2:								
City:	city: Rochelle Park			NJ	Zip: 07662				
Contac	Contact Person: Irina Stanovich			Phone: 732-718-2426 Email: stanovich963@yahoo.d		vich963@yahoo.com			
	Application Preparer (If different than applicant):  John Schott			Phone: 203-313-3408 Email: john.schott@chargepoint.		chott@chargepoint.com			
	Number: Applied for rom <u>here</u> )	or 7/20- Will Su	pply	upon request					
Financia	al Officer's Name: Irina	a Stanovich	1	Title: President					
7.0	xecutor's Name: Irina uthorized to sign the grant agr	a Stanovich eement on behalf of the a	T applican	ritle: President					
Resoluti	on Certifier's Name: A	lex Briukhan	7	itle: Manager					
(Person th	nat will sign to certify that the r	esolution to accept the fo	unding v	vas passed. This person ca	nnot be the sam	e as the Grant Executor.)			
Ма	Governing Body (Check only gor and Council ard of Freeholders	y one): Township Committed Board of Directors		Board of Commiss  Other: Corporat					
Accountir	ng Method: Cash	Modified Accrual		Accrual Other		Date Fiscal Year Ends: 6/31			







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)				
I. Stan  Name  J. Sty  Signature	R	#/16/20 Date			



## It Pay\$ to Plug In: NJ's Electric Vehicle Charging Grant Program DC Fast Charging Station Project Information Form

	<b>Project Information</b>				
Proposed Charging Station(s)	Street Address Line 1: 16 West Passaic Street				
Location (at least one form per corridor location):	Street Address Line 2:	Street Address Line 2:			
	City: Rochelle Park	County: Bergen			
	State: NJ	Zip Code: 07662			
Location Description: Gas Stati	on				
s the location on government-ow	ned property? Yes	No			
Please select the type of project:	Corridor eMobility				
For Corridor projects) Which eligi	ble roadway would this locatio	n serve? NJ-17			
For Corridor projects) Is this locat	ion within one (1) mile from a	n exit? Yes No			
lame of electric service provider:	PSE&G				
	Charging stations being install				
Please provide the number of each and model or other relevant inforn		ppose to install as well as the make			
	ription	cation(s).			
Make	Make: ChargePoint				
Number: 2					
Mode	el: Express Plus	van A			
Powe	r: 160 kW (minimum of 15	0kW required for Corridor projects)			
Stanovich	7-1	7-16-2020			
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d. Step					
gnature					
Consequences of the second of					
Gran	t Requested: \$ 200,000				
	lease? Yes No v				