



**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> (Obtain from <a href="#">NJSTART</a> )	<b>Required to begin processing this application</b>	Application Date: 7/22/20
Applicant: <b>Rumson Service Center</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: **27 W River Road**

Mailing Address Line 2:

City: <b>Rumson</b>	State: <b>NJ</b>	Zip: <b>07760</b>
Contact Person: <b>Gerry Schembri</b>	Phone: <b>732-530-7221</b>	Email: <b>rumsonexxon@aol.com</b>
Application Preparer (If different than applicant):	Phone:	Email:

DUNS Number: **Applied for 7/22/20**  
(Obtain from [here](#))

Financial Officer's Name: **Richard Dodd** Title: **President**

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

Resolution Certifier's Name: **Geralyn Schembri** 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):

<input type="checkbox"/> Mayor and Council	<input type="checkbox"/> Township Committee	<input type="checkbox"/> Board of Commissioners
<input type="checkbox"/> Board of Freeholders	<input type="checkbox"/> Board of Directors	<input checked="" type="checkbox"/> Other: <u>Corporation</u>

Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other	Date Fiscal Year Ends: <b>12/31/2020</b>
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<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 checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required	3. Worker's compensation <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required
	2. Automotive liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required	4. Employer's liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required
Certificates of insurance or documentation of self-insurance:	<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)

Richard Dodd

Name

Richard Dodd

Digitally signed by Richard Dodd  
Date: 2020.07.22 11:30:58  
-04'00'

Signature

7/22/20

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: 27 W River Road

Street Address Line 2:

City: Rumson

County: Monmouth

State: NJ

Zip Code: 07760

**Location Description:** Rumson Exxon Service Center - 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?** HWY 35

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

**Name of electric service provider:** Jersey Central Power and Light

**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: 160 kW (minimum of 150kW required for Corridor projects)

Richard Dodd

Name

7/22/2020

Date

Signature

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

Lease? Yes ☐ No ☒