



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

APPLICANT INFORMATION

| | | |
|---|---|--------------------------------|
| NJ Vendor ID Number: [REDACTED] (Obtain from NJSTART) | Required to begin processing this application | Application Date: 6-23-2020 |
| Applicant: Township of Harding | | |

Employer Name for workplace charging projects (If different): **Harding Township Municipal Complex**

Applicant Type (Check only one):**

| Government | Corporation | Limited Liability | Other |
|---|---|--|--|
| <input type="checkbox"/> State | <input 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 checked="" 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: **21 Blue Mill Road**

Mailing Address Line 2: **PO Box 666**

| | | |
|-------------------------|------------------|-------------------|
| City: New Vernon | State: NJ | Zip: 07976 |
|-------------------------|------------------|-------------------|

| | | |
|-------------------------------|----------------------------|-------------------------------------|
| Contact Person: Lorene | Phone: 973-267-8000 | Email: lwright@hardingnj.org |
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|--|----------------------------|-------------------------------------|
| Application Preparer (If different than applicant): Lorene K. Wright | Phone: 973-267-8000 | Email: lwright@hardingnj.org |
|--|----------------------------|-------------------------------------|

DUNS Number: [REDACTED]
(Obtain from [here](#))

Financial Officer's Name: **Himanshu Shah** Title: **Chief Financial Officer**

Grant Executor's Name: **Chris Yates** Title: **Mayor**
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **Lisa Sharp** Title: **Clerk**
(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: _____

Accounting Method: Cash
 Modified Accrual
 Accrual
 Other Modified
 Date Fiscal Year Ends: **12-31**





| | | |
|--|--|--|
| <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 checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input 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 checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> |
| <p>Certificates of insurance or documentation of self-insurance:</p> | <p><input checked="" type="checkbox"/> Are on file with the Department. <input type="checkbox"/> Will be forthcoming within 30 days after the effective date of the agreement. <input type="checkbox"/> Other (explain)</p> | |

Lorene K Wright

Name

Lorene K. Wright Digitally signed by Lorene K. Wright
Date: 2020.06.24 15:24:21 -04'00'

Signature

6-23-2020

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: 21 Blue Mill Road |
| | Street Address Line 2: |
| | City: New Vernon County: Morris |
| | State: NJ Zip Code: 07976 |

Location Description:

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?

(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 Express Plus Model: Express Plus Power: <u>150</u> kW (minimum of 150kW required for Corridor projects) |

Lorene K. Wright
Name

6-23-2020
Date

Signature

| | |
|-------------------------|-------------------|
| Grant Requested: | \$ 200,000 |
|-------------------------|-------------------|

Lease? Yes No