



eMobility Grant Program: Proposal Form Questions

This document is for informational purposes only. eMobility Proposals should be submitted online at <https://bit.ly/DEPemobility>. Note: Question numbers may change depending on how the questions are answered in the form.

Applicant Information

1. Company/Organization:

2. Address (Street, City, State, and Zip Code):

3. Contact Person:

4. Contact Person Title/Position:

5. E-mail Address:

6. Phone Number:

Project Information: Overview

7. Project Name:

8. Project Type (select all that apply):

- ☐ Carsharing
- ☐ Carpooling/Vanpooling
- ☐ eMobility Hub
- ☐ Fixed Route Transit Service
- ☐ Microtransit Service
- ☐ Ride-Hailing/Ride-on-Demand Service
- ☐ Other: _____

9. Project Abstract: Briefly describe your project in 2-3 sentences. Additional narrative may be provided in the Additional Information Section at the end of this proposal.

Project Information: Community

10. Is the project area located within an Overburdened Community (OBC)?

Additional information on New Jersey's OBCs can be found at <https://dep.nj.gov/ej/communities> and through DEP's Environmental Justice Mapping Tool at <https://experience.arcgis.com/experience/548632a2351b41b8a0443cfc3a9f4ef6>

- ☐ Yes
- ☐ No

11. What is the estimated size of population to benefit from this project?

12. Describe the current transportation options available in this community.

13. Describe the need for this project.

14. Describe any community outreach and engagement activities completed to determine this project will help fill a demonstrated community need.

15. Who are the intended users of this project?

16. What types of trips or destinations will be served by this project?

17. Describe any equity measures included in this project that ensure all users can access and afford the services.

18. Describe how you will ensure the community is involved in all phases of the project (development, implementation, and ongoing operation).

19. Describe any estimates or data you have that demonstrate how this project will reduce vehicle miles traveled and/or transportation emissions.

Project Information: Readiness

20. List the names and associated roles for all project partners. If project partners have not yet been secured, please describe the process you will use to secure any necessary project partners.

21. Describe your and/or your project partners' experience implementing similar projects.

22. Describe your strategies for maintaining the proposed service(s) beyond the funding provided by this grant.

23. Have you secured site hosts for vehicles and charging equipment?

- ☐ Yes
- ☐ No

24. (If yes to #23) List the site address(es) for vehicles and charging equipment.

25. (If yes to #23) Have you engaged with your local utility about available power at the site?

- ☐ Yes
- ☐ No

Project Information: Timeline

Include a project timeline that identifies key milestones and the estimated timeframe for each phase of the project as indicated below. You may describe the timeframe with start and end dates or in number of months from project award for each milestone. For example:

Project Development

Jan 2025-Mar 2025: Submittal of permits for EV charger installation

Mar 2025-Sept 2025: Installation of EV chargers

Sept 2025-Dec 2025: Mobility service provider secures EVs for program

Project Implementation

Jan 2026: Program launches in pilot phase

Mar 2026: Full launch of program

Ongoing Operation

Jan 2026-Jan 2028: Mobility service provider manages program; Applicant conducts ongoing community engagement; Program revisions made as needed based on community engagement

26. Project Development:

27. Project Implementation (i.e., how long after initiating the Development phase will the project be in service, will there be a pilot phase and a full launch phase, etc.):

28. Ongoing Project Operation:

Project Information: Budget Summary

29. Total project cost:

30. Grant amount requested:

31. How long will the project be in operation using this grant?

32. Describe whether the project scope and budget are scalable, and how they can be scaled if the total grant amount requested is not available or if additional funding becomes available.

33. Have you applied for or received any additional grant funding for this project? If so, please provide details on the funding sources and amounts.

Project Information: Budget Table

Please include a description of activities for each section, as applicable, along with the cost associated with each activity. For any sections that are not applicable, you may enter *N/A*. For example:

Program development and operation

\$100,000 Mobility service provider for carsharing service

\$20,000 Outreach and education related to the program

Electric Vehicle Charging Stations

\$16,000 4 Level 2 EV charging ports

\$75,000 Installation of EV chargers

34. Program development and operation:

35. Electric Vehicle charging stations (include charging level and number of ports):

36. Purchase or lease of electric vehicles* (include type and number of vehicles):

**Only include these costs if you are directly purchasing or leasing vehicles for the program. If you will be securing a subcontractor to operate the program, include these costs in Program development and operation.*

37. Real property and/or modifications for vehicle/charging equipment sites:

38. Other:

Additional Information

You may include any additional project information in this space.

Additionally, supplemental documents may be emailed as attachments to stopthesoot@dep.nj.gov. Please include "eMobility Grant Program" in the subject line and reference your Company/Organization contact information in the email body.

39. Additional Project Information:
