



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:
7/21/2020

Applicant: **AREV CORPORATION**

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: **300 BERGEN TURNPIKE**

Mailing Address Line 2:

City: **LITTLE FERRY**

State: **NJ**

Zip: **07643**

Contact Person: **KEVORK UCARIAN**

Phone: **201-724-6556**

Email: **kucar@gmail.com**

Application Preparer (If different than applicant):

Phone:

Email:

DUNS Number: **APPLIED FOR 6/8/2020**
(Obtain from [here](#))

Financial Officer's Name: **KEVORK UCARIAN**

Title: **PRESIDENT**

Grant Executor's Name: **NORAYIR GOCMEN**

Title: **MANAGER**

(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **KEVORK UCARIAN**

Title: **PRESIDENT**

(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

Date Fiscal
Year Ends: **12/31**



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY, ENERGY & SUSTAINABILITY



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

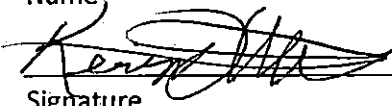
- ☒ Insurance
☐ Self-insurance
☐ Not required

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)

KEVORK UCARIAN

Name


Signature

7/21/2020

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: 300 Bergen Turnpike
	Street Address Line 2:
	City: Little Ferry County: Bergen
	State: NJ Zip Code: 07643

Location Description: BP Gas Station and Convenience Store

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? I-80

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

Name of electric service provider: PSE&G

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)

KEVORK UCARIAN

7/21/2020

Name

Date

Signature

Grant Requested: \$ 200,000

Lease? Yes ☐ No ☒