



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

APPLICANT INFORMATION

NJ Vendor ID Number: [REDACTED] (Obtain from)	Application Date:
Applicant: Best Management Inc	
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 and file a copy with the Grant Officer.

Mailing Address Line 1: **391 Route 9 South**

Mailing Address Line 2:

City: Englishtown	State: NJ	Zip: 07726
Contact Person: Wazir Grewal	Phone: 9084156588	Email: wgrewal@aol.com
Application Preparer (if different than applicant):	Phone:	Email:

DUNS Number: **Applied for**
(Obtain from)Financial Officer's Name: **Wazir Grewal**Title: **President**Grant Executor's Name: **Kanwaljit Grewal**Title: **V President**

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

Resolution Certifier's Name: **Wazir Grewal**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):

<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 type="checkbox"/> Other: Corporation

Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other	Date Fiscal Year Ends: 12/31
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Insurance: 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)

Wazir Grewal

Name

W.S. Grewal

Signature

7/22/2022

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: 391 Route 9 South

Street Address Line 2:

City: Englishtown

County: Monmouth

State: NJ

Zip Code: 07726

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? Turnpike and parkway

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

Name of electric service provider: JCP & LIGHTING

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)

Wazir Grewal

07/22/2020

Name

Date

W. S. Grewal
Signature

Grant Requested:

\$200,000

Lease? Yes ☐ No ☒