



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

	APPLICA	ANT	INFORMATION			
NJ Vendor ID Number: (Obtain from NJSTART) Required to begin processing this application					Application Date: July 20, 2020	
Applicant:Community Solar Development Program						
Employer Name for workplace	e charging projects (If di	iffere	ent):			
Applicant Type** (Check only o	ne):					
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp		LLC (Company)	- Constant	nership Proprietorship	
**If the Grantee is outside of N and file a copy with the Gran	New Jersey, the Grantee mus at Officer.	t sub	mit their business registration	certificate from	the Department of Treasury	
Mailing Address Line 1: 413	7 US Route 1 South)				
Mailing Address Line 2:						
City:Monmouth Junction		State:NJ		Zip:08852		
Contact Person:Helmi A Saud		Phone:609-902-6056		Email:helmisaud@gmail.com		
Application Preparer (If different than applicant):		Phone:		Email:		
DUNS Number: (Ob ain from here)						
Financial Officer's Name: Mohamed Sonbol Title: Financial Officer						
Grant Executor's Name: Helr (Person authorized to sign the grant	agreement on behalf of the	applio	Title: General Manag	jer		
Resolution Certifier's Name: H	he resolution to accept the f	fundir	Title: Accounting Mai ng was passed. This person can	nager nnot be the sar	me as the Grant Executor.)	
Type of Governing Body (Check	only one):					
Mayor and Council	Township Committe	e	Board of Commission			
Board of Freeholders	Board of Directors		Other: LLC Mana	agers		
Accounting Method: Cash Modified Accrual Accrual Other Date Fiscal Year Ends: June 31					Date Fiscal Year Ends: June 31st	







	 Comprehensive general liability 	3. Worker's compensation					
Insurance:	Insurance	Insurance					
	Self-insurance	Self-insurance					
The Grantee maintains and must continue to maintain the	Not required	Not required					
required insurance coverages as	2. Automotive liability	4. Employer's liability					
Lollows:	Insurance	Insurance					
	Self-insurance	Self-insurance					
	Not required	Not required					
Certificates of insurance or	✓ Are on file with the Department.						
documentation of self-	Will be forthcoming within 30 days after the effective date of the agreement.						
insurance:	Other (explain)						
	- Control						
Helmi A Saud		7-20-2020					
Name Dan San		Date					
Signature	V						



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: 4137 US Route 1 South Street Address Line 2:				
	City: Monmouth Junction County: Middlesex				
	State: NJ	Zip Code: 08852			
Location Description:					
Is the location on government-owned Which eligible roadway would this loc	Resourced Resourced				
Is this location within one (1) mile fro	m an exit or intersection?	Yes No			
Name of electric service provider: Pr	omonade BLVD				
	rging stations being installed				
Please provide the number of each typ and model or other relevant information					
DC Fast Charging Stations	Description				
Number: Four (2 port minimum)	Make: ChargePoint Express				
Number: Four (2 port minimum)	Model: 250 CPE250				
	Power: 62.5 kW (minimum of 150kW required)				
Helmi A Saud	7-2-2020				
Name)			
(tal Say)					
Signature					
Grant Re	equested: \$ 200,000	7			
	Lease? Yes No 🗸	_			