



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

APPLICANT INFORMATION

NJ Vendor ID Number: (Obtain from NJSTART)	<div style="background-color: black; width: 100px; height: 20px;"></div>	Required to begin processing this application	Application Date: 7/16/20
Applicant: Gursimrat Singh			
Employer Name for workplace charging projects (If different):			

Applicant Type** (Check only one):

Government	Corporation	Limited Liability	Other
<input type="checkbox"/> State	<input type="checkbox"/> New Jersey Corp.	<input checked="" 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:	594 Main Street
Mailing Address Line 2:	

City: Paterson	State: NJ	Zip: 07503
Contact Person: Gursimrat Singh	Phone: (908) 425-5389	Email: mohindragroup11c@gmail.com
Application Preparer (If different than applicant):	Phone:	Email:

DUNS Number: (Obtain from here)

Financial Officer's Name:	Title:
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Grant Executor's Name: (Person authorized to sign the grant agreement on behalf of the applicant)	Title:
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Resolution Certifier's Name:	Title:
(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: _____

Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other	Date Fiscal Year Ends:
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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 type="radio"/> Insurance <input type="radio"/> Self-insurance <input checked="" 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 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)	

Name

Gursimrat Singh

Date

7/16/20

Signature



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: 594 Main Street
	Street Address Line 2:
	City: Paterson County: Passaic
	State: NJ Zip Code: 07503

Location Description:

Is the location on government-owned property? ☐ Yes ☒ No

Which eligible roadway would this location serve? Route 80 and Route 19

Is this location within one (1) mile from an exit or intersection? ☒ 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 (2 port minimum)	Make: ABB
	Model: Terra HP
	Power: 175 kW (minimum of 150kW required)

Gursimrat Singh
Name

Signature

7/16/20
Date

Grant Requested:	\$ 400,000.00
Lease? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	



Optional: We welcome additional information that supports your proposal, including details about amenities (coffee shops, retail, restaurants, public bathrooms, etc.) located within $\frac{1}{4}$ mile of the proposed DCFC site.

Location is right off of Route 19 and Route 80 Exit 57C.
This location is on a main street that runs through Parkersburg
and into Clifton. It is located less than $\frac{1}{4}$ mile
from St. Joseph's University Medical Center.

Restaurants within Walking distance:

- 1) Ramirez Bakery and Restaurant
- 2) Antojitos Mexican Restaurant
- 3) Labib Convenience Store & Deli

Site! Has Tire Shop and Public Bathrooms.