



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

**APPLICANT INFORMATION**

NJ Vendor ID Number: [REDACTED] Required to begin processing this application  
(Obtain from NJSTART)

Application Date:  
7-16-2020

Applicant: **INSH Properties 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 Department of Treasury and file a copy with the Grant Officer.

Mailing Address Line 1: **145 Route 10**

Mailing Address Line 2:

City: **Whippany**

State: **NJ**

Zip: **07981**

Contact Person: **I Stanovich**

Phone: **732-718-2426**

Email: **stanovich963@yahoo.com**

Application Preparer (If different than applicant):  
**John Schott**

Phone: **203-313-3408**

Email: **john.schott@chargepoint.com**

DUNS Number:  
(Obtain from [here](#))

**Applied for 7/20 - Will supply upon request**

Financial Officer's Name: **I Stanovich**

Title: **President**

Grant Executor's Name: **I Stanovich**

Title: **President**

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

Resolution Certifier's Name: **Alex Briukhan**

Title: **Manager**

(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: **Corporation**

Accounting Method: ☐ Cash ☐ Modified Accrual ☐ Accrual ☐ Other

Date Fiscal  
Year Ends: **6/31**



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 type="radio"/> Insurance <input type="radio"/> Self-insurance <input checked="" 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)	

I Stanovich

Name

Signature

7-16-2020

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: 145 Route 10

Street Address Line 2:

City: Whippany

County: Morris

State: NJ

Zip Code: 07981

**Location Description:** Gas station

**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?** NJ-10

(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)

**I. Stanovich**

**7-16-2020**

Name

Date

Signature

**Grant Requested:**

**\$ 200,000**

Lease? Yes ☐ No ☒