



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:

07/15/2020

Applicant: **JC Forever LLC**

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: **10 Henrietta St.**

Mailing Address Line 2:

City: **East Brunswick**

State: **NJ**

Zip: **08816**

Contact Person: **Sameh Hanna**

Phone: **908 812 4491**

Email: **samehh333@gmail.com**

Application Preparer (If different than applicant):

John Schott

Phone: **203-313-3408**

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

DUNS Number: [REDACTED]

(Obtain from [here](#))

Financial Officer's Name: **Sameh Hanna**

Title: **Owner**

Grant Executor's Name: **Sameh Hanna**

Title: **Owner**

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

Resolution Certifier's Name: **Louris Ibrahim**

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):

<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 checked="" type="checkbox"/> Other: LLC

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

Date Fiscal
Year Ends: **18**



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

Sameh Hanna

Name

Sameh

Signature

July 15, 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: 56 HWY 36
	Street Address Line 2:
	City: Hazlet County: Monmouth
	State: NJ Zip Code: 07734

Location Description: Gas Station

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

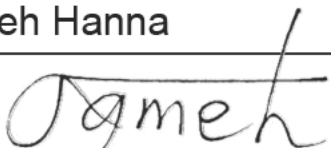
Please select the type of project: ☒ Corridor ☐ eMobility

(For Corridor projects) Which eligible roadway would this location serve? Rt.36

(For Corridor projects) Is this location within one (1) mile from an exit? ☐ Yes ☐ Yes

No Name of electric service provider: Jersey Central Power and Light

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)

Sameh Hanna
Name

Signature

07/15/2020
Date

Grant Requested:	\$ 200,000
Lease? Yes <input type="checkbox"/> No <input type="checkbox"/>	