



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

APPLICANT INFORMATION							
NJ Vendor ID Number: (Obtain from NJSTART)			uired to begin processing this application			n Date:	
Applicant: Pascack Valley Regional			High School District			0/20	
Employer Name for workplace ch	narging projects (If di	ifferer	nt):				
Applicant Type** (Check only one):							
Government	Corporation	Limited Liability		Ot	her		
State County + school Municipal District	New Jersey Corp. Out-of-State Corp.		LLC (Company)	Partnership Sole Proprietorship			
**If the Grantee is outside of New Jersey, the Grantee must submit their business registration certificate from the <u>Department of Treasury</u> and file a copy with the Grant Officer.							
Mailing Address Line 1: 28 West Grand Ave., Suite 2							
Mailing Address Line 2:							
city: Montvale		State: NJ		zip: Ø7645			
Contact Person: Robert Donahue		Phone: 201-358- 7004 x 22021		Email: rdonahue c pascack.o			
Application Preparer (If different than applicant): Cynthia Kirk		201-358- Phone: 7004 x 21\$12		Email: cackerman c pascack.			
DUNS Number: (Obtain from here)							
Financial Officer's Name: Cynthia Kirk Title: Acting Business Administrato							
Grant Executor's Name: Cynthia Kirk Title: (Person authorized to sign the grant agreement on behalf of the applicant) Resolution Certifier's Name: Erik Gundersen Title: Superintendent							
(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 Committe	ee	Board of Commission		of Ed	ucation	
Accounting Method: Cash Modified Accrual Accrual Other Date Fiscal Year Ends: 6/30							





Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	Comprehensive general liability Insurance Self-insurance Not required	3. Worker's compensation Insurance Self-insurance Not required					
	2. Automotive liability	4. Employer's liability					
	Self-insurance	Self-insurance					
	Not required	Not required					
Certificates of insurance or	Are on file with the Department.						
documentation of self- insurance:	Will be forthcoming within 30 days after the effective date of the agreement.						
	Other (explain)						
Cynthia K	Kirk	7/20/20					
Name		Date					
Cypethia K	Eirh						
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	Juicely	Street Address Line 1: 225 West Grand Ave.						
corridor location):	Street A	Street Address Line 2:						
Pascack Hills High School	City: M	City: Montvale County: Bergen						
	State: N	IJ	Zip Code: 07645					
Location Description: Pas	cack Hills High S	chool						
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?								
(For Corridor projects) Is this location within one (1) mile from an exit? Yes No								
Name of electric service provider: Orange and Rockland								
Charging stations being installed								
Please provide the number of			propose to install as well as the make					
and model or other relevant	information to descr	ibe the chargi	ng station(s).					
DC Fast Charging Stations	Description							
Number: 2	Make: Chargepoint							
	Model: Express Plus							
	Power: 150 kW (minimum of 150kW required for Corridor projects)							
Cynthia Kirk		71	/20/20					
Name Cynthia Kirk		C	ate					
Signature								
	Grant Requested:	\$ 200,000	0.00					
	Lease? V	os No Z	 >					