



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: 6/8/2020
Applicant: REMY 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: 1320 PATERSON PLANK ROAD

Mailing Address Line 2:

City: SECAUCUS	State: NJ	Zip: 07094
Contact Person: KEVORK UCARIAN	Phone: 201-724-6556	Email: KKUCAR@GMAIL.COM
Application Preparer (if different than applicant):	Phone:	Email:

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

Financial Officer's Name: KEVORK UCARIAN Title: PRESIDENT

Grant Executor's Name: NORAYIR GOCMEN Title: MANAGER
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: KEVORK UCARIAN Title: PRESIDENT
(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 checked="" type="checkbox"/> Board of Directors	<input type="checkbox"/> Other: _____

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

Date Fiscal
Year Ends: 4/30



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY, ENERGY & SUSTAINABILITY



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 checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input 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:	<table border="1"><tr><td><input type="checkbox"/></td><td>Are on file with the Department.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Will be forthcoming within 30 days after the effective date of the agreement.</td></tr><tr><td><input type="checkbox"/></td><td>Other (explain)</td></tr></table>		<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)
<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)							

KEVORK UCARIAN

Name)


Signature

7/21/2020

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: 1320 Paterson Plank Rd
	Street Address Line 2:
	City: Secaucus County: Hudson
	State: NJ Zip Code: 07094

Location Description: BP Gas Station and Convenience Store

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? I-95

(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)

KEVORK UCARIAN

7/21/2020

Name

Date

Signature

Grant Requested: \$ 200,000

Lease? Yes ☐ No ☒