



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** Application Date: 6-8-20
(Obtain from [NJSTART](#))

Applicant: **Riggs Distler & Company, Inc.**

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 type="checkbox"/> LLC (Company)	<input type="checkbox"/> Partnership
<input type="checkbox"/> County	<input checked="" 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: **4 Esterbrook Lane**

Mailing Address Line 2:

City: **Cherry Hill**

State: **NJ**

Zip: **08003**

Contact Person: **Jeffrey Simpson**

Phone: **6093525070**

Email: **jsimpson@riggsdistler.com**

Application Preparer (If different than applicant):

Phone:

Email:

DUNS Number:

(Obtain from [here](#))

Financial Officer's Name: **Albert Fosbenner**

Title: **Chief Financial Office**

Grant Executor's Name: **Steve Zemaitatis, Jr.**

Title: **President**

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

Resolution Certifier's Name: **Kenneth McKay**

Title: **General Counsel**

(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: _____

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

Date Fiscal Year Ends: **12-31**



Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	<div>1. Comprehensive general liability</div> <div><input checked="" type="radio"/> Insurance</div> <div><input type="radio"/> Self-insurance</div> <div><input type="radio"/> Not required</div> <div>2. Automotive liability</div> <div><input checked="" type="radio"/> Insurance</div> <div><input type="radio"/> Self-insurance</div> <div><input type="radio"/> Not required</div>	<div>3. Worker's compensation</div> <div><input checked="" type="radio"/> Insurance</div> <div><input type="radio"/> Self-insurance</div> <div><input type="radio"/> Not required</div> <div>4. Employer's liability</div> <div><input checked="" type="radio"/> Insurance</div> <div><input type="radio"/> Self-insurance</div> <div><input type="radio"/> Not required</div>
Certificates of insurance or documentation of self-insurance:	<div><input checked="" type="checkbox"/> Are on file with the Department.</div> <div><input type="checkbox"/> Will be forthcoming within 30 days after the effective date of the agreement.</div> <div><input type="checkbox"/> Other (explain)</div>	

Jeffrey R. Simpson

Name

Signature

6-8-20

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: 4 Esterbrook Lane
	Street Address Line 2:
	City: Cherry Hill County: Camden
	State: NJ Zip Code: 08003

Location Description: Corporate Headquarters

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, 295, NJ TP, Rt.70, RT 73

(For Corridor projects) **Is this location within one (1) mile from an exit?** ☒ Yes ☐ No

Name of electric service provider: Public Service Electric & Gas

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: BTC Power Model: EVP-FC150 Power: 300 kW (minimum of 150kW required for Corridor projects)

Jeffrey R. Simpson

6-8-20

Name

Date

Signature

Grant Requested: \$200000

Lease? Yes ☐ No ☒