



**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: 7/22/20 |
| Applicant: Rumson Service Center | | |

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: **27 W River Road**

Mailing Address Line 2:

| | | |
|---|----------------------------|-----------------------------------|
| City: Rumson | State: NJ | Zip: 07760 |
| Contact Person: Gerry Schembri | Phone: 732-530-7221 | Email: rumsonexxon@aol.com |
| Application Preparer (If different than applicant): | Phone: | Email: |

DUNS Number: **Applied for 7/22/20**
(Obtain from [here](#))

Financial Officer's Name: **Richard Dodd** Title: **President**

Grant Executor's Name: **Richard Dodd** Title: **President**
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **Geralyn Schembri** 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other | Date Fiscal Year Ends: 12/31/2020 |
|---|--|





| | | |
|--|--|--|
| <p>Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)</p> | <p>1. Comprehensive general liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> <p>2. Automotive liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> | <p>3. Worker's compensation <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> <p>4. Employer's liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required</p> |
| <p>Certificates of insurance or documentation of self-insurance:</p> | <p><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)</p> | |

Richard Dodd

Name

Richard Dodd

Digitally signed by Richard Dodd
 Date: 2020.07.22 11:30:58
 -04'00'

Signature

7/22/20

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: 27 W River Road |
| | Street Address Line 2: |
| | City: Rumson County: Monmouth |
| | State: NJ Zip Code: 07760 |

Location Description: Rumson Exxon Service Center - 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?** HWY 35

(For Corridor projects) **Is this location within one (1) mile from an exit?** 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: <u>160</u> kW (minimum of 150kW required for Corridor projects) |

Richard Dodd
Name

7/22/2020
Date

Signature

| | |
|-------------------------|-------------------|
| Grant Requested: | \$ 200,000 |
|-------------------------|-------------------|

Lease? Yes No