



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

APPLICANT INFORMATION								
NJ Vendor ID Number: (Obtain from NJSTART)			o begin processing this applic	ation	Application 6/10/2020			
Applicant: Waterview Investors, LLC								
Employer Name for workplace charging projects (If different): 10 Waterview Boulevard								
Applicant Type** (Check only one):								
Government	Corporation	Limited Liability		Other				
State County Municipal	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: Waterview Investors, LLC - C/O Avison Young - New York, LLC								
Mailing Address Line 2: 1120 Headquarters Plaza, 8th Floor, North Tower								
City: Morristown		State: NJ		Zip: 07960				
Contact Person: Joe Ravenelle		Phone: 201-961-2919		Email: joseph.ravenelle@avisonyounng.com				
Application Preparer (If different than applicant):		Phone:		Email:				
DUNS Number: (Obtain from here)								
Financial Officer's Name: Joseph Ravenelle Title: Senior Property Manager								
Grant Executor's Name: Joseph Ravenelle (Person authorized to sign the grant agreement on behalf of the applicant) Title: Senior Property Manager								
Resolution Certifier's Name: Abraham Podolak (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 12/31								







Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	Comprehensive general liability	3. Worker's compensation			
	Insurance	Insurance			
	Self-insurance	Self-insurance			
	Not required	Not required			
	2. Automotive liability	4. Employer's liability			
	Insurance	Insurance			
	Self-insurance	Self-insurance			
	Not required	Not required			
Certificates of insurance or	Are on file with the Department.				
documentation of self-	✓ Will be forthcoming within 30 days aft	er the effective date of the agreement.			
insurance:	Other (explain)				
Joseph D. R	tavenelle	6/10/2020			
Name		Date			
Joseph D. Ravenelle	Olgitally signed by Joseph D. Ravenelle Date: 2020.06.10 14:29:57 -04'00'				
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 pe	Street A	Street Address Line 1: 10 Waterview Boulevard					
corridor location):	Street Address Line 2:						
	City: Pa	arsippany	County: Morris				
	State: N	State: NJ Zip Code: 07054					
Location Description:	•						
Is the location on government-owned property? Yes VNo							
Please select the type of project: Corridor Mobility							
(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: JCP&L							
	Charging sta	tions being i	installed				
Please provide the number of			you propose to install as well as the make				
and model or other relevant in			• •				
DC Fast Charging Stations I							
	Make: BTC						
Number:	Model: EVDSP-350-5-120-0-2-C-4-0						
	Power: 150 kW (minimum of 150kW required for Corridor project						
Joseph D. Ravenelle 6/10/2020							
Name		•	Date				
Cimpatura							
Signature							
F		1 445 4	105				
L	Grant Requested		185				
	Lease? \	'es No					