



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

	ADDITION	NT IN	FORMATION			
J Vendor ID Number:	Application Date: 6-12-2020					
pplicant: WENDT INCO	RPORATED					
mployer Name for workplace	charging projects (If diff	erent	:			
pplicant Type** (Check only one	e):	_				
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp. Out-of-State Corp.	p.	LLC (Company)		oprietorship	
**If the Grantee is outside of No and file a copy with the Grant	ew Jersey, the Grantee must Officer.	submi	it their business registration c	ertificate from th	e Department of Treasur	
Mailing Address Line 1: 90 N	I. WHITE HORSE F	IKE				
Mailing Address Line 2:						
HAMMONTON		State: NJ		zip: 08037		
Contact Person: Richard J. Wendt		Phone: 609-561-4440		Email: rwendtar@comcast.n		
Application Preparer (If different than applicant):		Phone:		Email:		
OUNS Number: Obtain from here)						
Financial Officer's Name: Ric	hard J. Wendt		Title: VP			
Grant Executor's Name: Ric (Person authorized to sign the grant	hard J. Wendt agreement on behalf of the	applic	Title: VP			
Resolution Certifier's Name: (Person that will sign to certify that	Alfred C Mondt		Title: PRFS	nnot be the sam	e as the Grant Executor.)	
Type of Governing Body (Chec	k only one):					
Mayor and Council  Board of Freeholders	Township Committee		Board of Commiss Other:			
Accounting Method: Casi			■ Accrual Other		Date Fiscal Year Ends: 12-31-2	







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      Automotive liability     Insurance	3. Worker's compensation Insurance Self-insurance Not required 4. Employer's liability Insurance			
Certificates of insurance or documentation of self-insurance:	Self-insurance Not required  Are on file with the Department.  ✓ Will be forthcoming within 30 days aft Other (explain)	Self-insurance Not required  fter the effective date of the agreement.			
Richard J. W	/endt	6/12/2020			
Name		Date			
Signature	WO				





## 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	35								
corridor location):		Street Address Line 2:							
		City: Har	mmonto	n	County:	Atlantic			
	V	State: Ne	w Jerse	<b>Э</b> у	Zip Code	: 08037			
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? NJ-30									
(For Corridor projects) Is this location within one (1) mile from an exit? Yes No									
Name of electric service provider: Atlantic City Electric									
Charging stations being installed									
Please provide the number of	of each type	e of chargin	g station y	ou propos	e to install	as well as the make			
and model or other relevant	tinformatio	n to describ	e the cha	rging static	n(s).				
DC Fast Charging Stations	Descripti	on							
Number: 2	Make: ChargePoint								
	Model: E	xpress P	lus						
	Power: _	: 160 kW (minimum of 150kW required for Corridor projects)							
Richard J	Wend	clt			7-2a.	202C			
Name Rue) We		and the second		Date					
Signature		_							
					_				
	Grant Re	quested:	\$ 200,0						
		Lease? Yes	No	7	<del></del>				