



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

	APPLICA	NT I	NFORMATION	- 	e Andre	
NJ Vendor ID Number: Requi		ired to begin processing this applic		ation	Application Date: JUNE 01 2020	
Applicant: West 4 inc			-		_	
Employer Name for workplace	charging projects (If di	fferer	nt):			
Applicant Type** (Check only one	:):					
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp. Out-of-State Corp.		LLC (Company)	Sole	tnership e Proprietorship	
**If the Grantee is outside of Ne and file a copy with the Grant		t subn	nit their business registration o	ertificate fron	n the <u>Department of Treasury</u>	
Mailing Address Line 1: 253 F	ROUTE 4 WEST					
Mailing Address Line 2:						
City: PARAMUS		Stat	te: NJ	<sup>Zip:</sup> 076	552	
Contact Person: KEVORK UCARIAN		Phone: 201-724-6556		Email: kkucar@gmail.com		
Application Preparer (If different than applicant):		Phone:		Email:		
DUNS Number: (Obtain from <u>here</u> )						
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: KI (Person that will sign to certify that th	VORK UCARIAN		Title: PRESIDENT	nnot be the sa	ime as the Grant Executor.)	
Type of Governing Body (Check of						
Mayor and Council Township Committee Board of Commissioners						
Board of Freeholders Board of Directors Other:						
Accounting Method: Cash	Modified Accrua	ı [	Accrual Other		Date Fiscal 3/31	







KEVORK U	<del></del>			
KEVORK UCARIAN		7/20/2020		
Certificates of insurance or documentation of self-insurance:	Are on file with the Department.  Will be forthcoming within 30 days after the effective date of the agreement.  Other (explain)			
	Not required	Not required		
Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	Self-insurance	Self-insurance		
	Insurance	Insurance		
	2. Automotive liability	4. Employer's liability		
	Not required	Not required		
	Self-insurance	Self-insurance		
	Insurance	Insurance		

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 per	Street Address Line 1: 253 Route 4 West				
corridor location):	Street Address Line 2:				
	City: Paramus County: BERGEN				
	State: NJ Zip Code: 07652				
Location Description: BP Gas Sta	tion and Convenience Store				
is the location on government-owner					
Please select the type of project:	Corridor eMobility				
(For Corridor projects) Which eligible	roadway would this location serve? Route 4				
(For Corridor projects) Is this location	within one (1) mile from an exit? Yes No				
Name of electric service provider: F	PSE&G				
" <b>C</b> h	arging stations being installed				
	pe of charging station you propose to install as well as the make ion to describe the charging station(s).				
DC Fast Charging Stations: Descrip					
Make:	Make: ChargePoint				
Number: 2 Model:	Model: Express Plus				
Power:	160 kW (minimum of 150kW required for Corridor projects)				
KEVØRK UCARIAN	7/20/2020				
Name/	Date				
Valo Al					
Signature					
Grant !	Requested: \$ 200,000				
<del></del>	Lease? Yes No /				