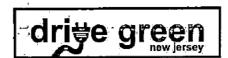




## It Pay\$ to Plug In: NJ's Electric Vehicle Charging Grant Program Application Form

	APPLIÇA	NT INFORMATION			
NJ Vendor ID Number: Requirement (Obtain from NJSTART)		ired to begin processing th	is application	Application Date: 7/20/2020	
Applicant: WEST III LLC	,			172072020	
Employer Name for workplace	charging projects (If di	fferent):			
Applicant Type** (Check only or	e):				
Government	Corporation	Limited Liab	ility	Other	
State County Municipal	New Jersey Corp	р.	Sole	nership Proprietorship	
**If the Grantee is outside of N and file a copy with the Gran		t submit their business regis	tration certificate from	the <u>Department of Treasury</u>	
Mailing Address Line 1: 2 W	ASHINGTON AVE			_	
Mailing Address Line 2:					
City: CLIFFSIDE PARK		State: NJ	zip: 070	zip: 07010	
Contact Person: KEVORK UCARIAN		Phone: 201-724-6	5556 Email: ku	car@gmail.com	
Application Preparer (If different than applicant):		Phone:	Email:		
DUNS Number: (Obtain from here) APPLIED FOR 6/8/2020					
Financial Officer's Name: KEVORK UCARIAN Title: PRESIDENT					
Grant Executor's Name: NOF	RAYIR GOCMEN agreement on behalf of the	Title: MANAGE	:R		
Resolution Certifier's Name: K (Person that will sign to certify that to Type of Governing Body (Check	he resolution to accept the			me as the Grant Executor.)	
Mayor and Council	Township Committe		nmissioners		
Board of Freeholders	■ Board of Directors	Other:			
Accounting Method: Cash	Modified Accrua	Accrual O	ther	Date Fiscal 12/31	







Insurance: The Grantee maintains and must	1. Comprehensive general liability Insurance Self-insurance Not required	Insurance Self-insurance Not required		
continue to maintain the required insurance coverages as follows: (Check your coverage)	2. Automotive liability Insurance	4. Employer's liability Insurance		
	Self-insurance	Self-insurance		
	Not required	Not required		
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)			
KEVORK UCARIAN		7/20/2020		
Name		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	Street Address Line 1:	Street Address Line 1: 300 STATE RT 3				
corridor location):	Street Address Line 2:					
•	City: CLIFTON	County: PASSAIC				
	State: NJ	Zip Code: 07014-1900				
Location Description:						
is the location on government-	owned property? Yes	√ No				
Please select the type of project						
(For Corridor projects) Which e	igible roadway would this loca	tion serve? ROUTE 3				
(For Corridor projects) Is this lo	cation within one (1) mile from	an exit? 🗸 Yes 🔲 No				
Name of electric service provid	er: PSE&G					
	Charging stations being inst	alled				
		propose to install as well as the make				
DC Fast Charging Stations De	ormation to describe the charging station(s).					
	<sup>ake:</sup> ChargePoint					
	Model: Express Plus					
Power: 160 kW (minimum of 150kW required for Corridor pro						
KEVORK UCARIAN	7/:	20/2020				
Name	Da	te				
Low Man	$\supset$					
Signature	<del>-</del>					
G	rant Requested: \$ 200,000					
<b>-</b>	Lease? Yes No ✓					