

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: 7/20/2020
Applicant: YMGS BROTHERS INC.		

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: **258 Route 22 West**

Mailing Address Line 2:

City: Green Brook	State: NJ	Zip: 08812
Contact Person: Samir Yazigi	Phone: 973-641-7211	Email: ymgsbrothers@yahoo.com
Application Preparer (If different than applicant):	Phone:	Email:

DUNS Number: [REDACTED]
(Obtain from [here](#))

Financial Officer's Name: **Samir Yazigi** Title: **President**

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

Resolution Certifier's Name: **Samir Yazigi** Title: **President**
(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):

<input checked="" type="checkbox"/> Mayor and Council	<input type="checkbox"/> Township Committee	<input type="checkbox"/> Board of Commissioners
<input type="checkbox"/> Board of Freeholders	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Other: _____

Accounting Method: ☒ Cash ☐ Modified Accrual ☐ Accrual ☐ Other

Date Fiscal Year Ends: **12/31**

Ver. 01/2020



STATEMENT TOTALS REPORT IS FOR STATISTICAL INFORMATION ONLY. NOT TO BE USED FOR ACCOUNTING PURPOSES.

Grand Total 367.47 0.00 307.47

ACTION ONLY. NOT TO BE

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY, ENERGY & SUSTAINABILITY

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

Samir Yazigi

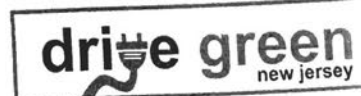
Name

7/20/2020

Date

Signature

Ver. 01/2020



PAYMENT TOTALS REPORT IS FOR STATISTICAL INFORMATION ONLY. NOT TO BE USED FOR ACCOUNTING PURPOSES.

total	447.68	0.00	447.68	Grand Total
			318.82	
			367.47	Grand Total
			0.00	
			367.47	Grand Total

INFORMATION ONLY. NOT TO BE USED

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: 258 Route 22 West

Street Address Line 2:

City: Green Brook

County: Somerset

State: NJ

Zip Code: 08812

Location Description: Gas Station with Convenience store

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? US highway 22

(For Corridor projects) Is this location within one (1) mile from an exit? ☐ Yes ☒ No

Name of electric service provider: Gilbarco

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: TRITIUM

Model: Veefil RT 175-S

Power: 175 kW (minimum of 150kW required for Corridor projects)

Samir Yazigi

07/20/20

Name

Date

Signature

Grant Requested: \$200,000.00

Lease? Yes ☒ No ☒