



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

APPLICANT INFORMATION

NJ Vendor ID Number: (Obtain from NJSTART)	Required to begin processing this application	Application Date:
Applicant:		

Employer Name for workplace charging projects (If different):

Applicant Type (Check only one):**

Government	Corporation	Limited Liability	Other
<input type="checkbox"/> State	<input 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:

Mailing Address Line 2:

City:	State:	Zip:
Contact Person:	Phone:	Email:
Application Preparer (If different than applicant):	Phone:	Email:

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

Financial Officer's Name: _____ Title: _____

Grant Executor's Name: _____ Title: _____
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: _____ Title: _____
(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: <input type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other	Date Fiscal Year Ends:
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<p>Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)</p>	<p>1. Comprehensive general liability <input type="checkbox"/> Insurance <input type="checkbox"/> Self-insurance <input type="checkbox"/> Not required</p> <p>2. Automotive liability <input type="checkbox"/> Insurance <input type="checkbox"/> Self-insurance <input type="checkbox"/> Not required</p>	<p>3. Worker's compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Self-insurance <input type="checkbox"/> Not required</p> <p>4. Employer's liability <input type="checkbox"/> Insurance <input type="checkbox"/> Self-insurance <input type="checkbox"/> Not required</p>
<p>Certificates of insurance or documentation of self-insurance:</p>	<p><input type="checkbox"/> Are on file with the Department. <input type="checkbox"/> Will be forthcoming within 30 days after the effective date of the agreement. <input type="checkbox"/> Other (explain)</p>	

 Name

 Date

 Signature

