



It Pay\$ to Plug In:
NJ's Electric Vehicle Charging Grant Program
Project Information Form (Level 1 & Level 2)

Project Information

Proposed Charging Station(s) Location (one form per facility or parking lot):	Street Address Line 1:
	Street Address Line 2:
	City: County:
	State: Zip Code:

The responses to the following questions **must** apply to all the charging station equipment entered on this form. Use a separate Project Information Form for each set of unique responses. For example, if a project involves installing chargers at both a public parking lot and an employee only parking lot at the same location, then separate Project Information Forms are required.

Location's Primary Category (Check only one):

Workplace Public Place Multi-Unit Dwelling eMobility

Is the location on government-owned property? Yes No

Are the charging station(s) listed below open to the general public? Yes No

Location's Primary Usage (Check only one):

Car Sharing Employee Use Fleet Use Public Use

Location's Primary Type (Check only one):

Leisure Destination College / University Public Park

Downtown Area Hotel / Motel Public Parking Lot or Garage

Retail Area – Not Downtown Transit Center Residential / Apartments / Condos

Other



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).

Level 1 Charging Stations	Description
Number: (5 port minimum)	Make: Model:
Level 2 Charging Stations, single-port	Description
Number: (2 port minimum)	Make: Model:
Level 2 Charging Stations, dual-port	Description
Number: (2 port minimum)	Make: Model:

Name

Date

Signature

Grant Requested:	\$ _____
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Lease? Yes ___ No ___