



***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

**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):**

Employee Use       Fleet Use       Public Use       Private 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).

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>Grant Requested:</b>	<b>\$</b> _____
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Lease? Yes \_\_\_ No \_\_\_