



**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:

Street Address Line 2:

City:

County:

State:

Zip Code:

Location Description:

Is the location on government-owned property? Yes No

Which eligible roadway would this location serve?

Is this location within one (1) mile from an exit or intersection? Yes No

Name of electric service provider:

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 port minimum)	Make: Model: Power: _____ kW (minimum of 150kW required)

_____ Name

_____ Date

_____ Signature

Grant Requested:	\$
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Lease? Yes No



Optional: We welcome additional information that supports your proposal, including details about amenities (coffee shops, retail, restaurants, public bathrooms, etc.) located within ¼ mile of the proposed DCFC site.