



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

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

Please check the box that best describes the location of your project:

Workplace:	Public Places:	Multi-Unit Dwelling:
<input type="checkbox"/> Employee Use <input type="checkbox"/> Fleet Use <input type="checkbox"/> Car share Program	<input type="checkbox"/> Downtown Area <input type="checkbox"/> Public Park <input type="checkbox"/> Leisure Destination <input type="checkbox"/> Transit Center <input type="checkbox"/> College or University <input type="checkbox"/> Retail Area, Not Downtown <input type="checkbox"/> Public Parking Lot or Garage <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Car Share Program <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Apartments <input type="checkbox"/> Condominiums <input type="checkbox"/> Townhouses <input type="checkbox"/> Car Share Program

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:	Make: Model:
Level 2 Charging Stations, single-port	Description
Number:	Make: Model:
Level 2 Charging Stations, dual-port	Description
Number:	Make: Model:

Grant Requested:	\$
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Name

Date

Signature

FOR NJDEP USE ONLY
Funding Source:
Application Complete Date:
Processed By:
Approval Status: