STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY, ENERGY & SUSTAINABILITY

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

APPLICANT INFORMATION

NJ Vendor ID Number: V00029580 (Obtain from NJSTART) — Required to begin processing this application

Application Date: JUNE 15, 2020

Applicant: BERKELEY TOWNSHIP

Employer Name for workplace charging projects (If different):

Applicant Type** (Check only one):

Government	Corporation	Limited Liability	Other
☐ State	☐ New Jersey Corp.	☐ LLC (Company)	☐ Partnership
☐ County	☐ Out-of-State Corp.		☐ Sole Proprietorship
☑ 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: 627 PINEWALD-KESWICK ROAD

Mailing Address Line 2: PO BOX B

City: BAYVILLE	State: NJ	Zip: 08757
Contact Person: GERD TROMMER	Phone: 732-244-7400	Email: GTROMMER@TWP.BERKELEY.NJ.US
Application Preparer (If different than applicant):	Phone:	Email:

DUNS Number: 003965969 (Obtain from here)

Financial Officer's Name: FREDERICK EBENAU Title: CFO

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

Resolution Certifier's Name: BEVERLY CARLE Title: TOWNSHIP CLERK
(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: ☐ Cash ☐ Modified Accrual ☐ Accrual ☑ Other

Date Fiscal Year Ends:

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Insurance: **The Grantee maintains and must continue to maintain the required insurance coverages as follows:** (Check your coverage)	1. Comprehensive general liability (●) Insurance ( ) Self-insurance ( ) Not required 2. Automotive liability (●) Insurance ( ) Self-insurance ( ) Not required	3. Worker's compensation (●) Insurance ( ) Self-insurance ( ) Not required 4. Employer's liability (●) Insurance ( ) Self-insurance ( ) Not required
Certificates of insurance or documentation of self-insurance:	[✓] Are on file with the Department. [ ] Will be forthcoming within 30 days after the effective date of the agreement. [ ] Other (explain)	

GERD TROMMER

Name

GERD TROMMER Digitally signed by GERD TROMMER Date: 2020.06.15 11:12:33 -04'00'

Signature

JUNE 15, 2020

Date

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Deadlines Acknowledgement Form

I certify that I have been informed and agree to the below deadlines. **I also understand that if I do not meet one of these deadlines, my application and/or grant agreement will be canceled:**

- [x] Completed application – 3 weeks from initial submission
- [x] Returned completed and signed grant agreement to NJDEP – 60 days from receipt
- [x] Revisions (if needed) to grant agreement – 3 weeks from return to NJDEP
- [x] Reimbursement request submitted to NJDEP –
  - Level 1 and Level 2: 9 months from grant execution
  - DC Fast Charger: 12 months from grant execution
- [x] Revisions to reimbursement request (if needed) – 3 weeks from submission

Signature of Grant Executor: _____ Date: 6/15/2020

Print Name: Frederick C. Barnaby Title: CFO

"I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

The NJDEP reserves the right to request documentation to ensure compliance with the above requirements.

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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: 627 PINEWALD-KESWICK ROAD Street Address Line 2: City: Bayville County: Ocean State: New Jersey Zip Code: 08757

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** Municipal Building

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

GERD TROMMER
Name

Signature

JUNE 15, 2020
Date

Grant Requested:	$

Lease? Yes ☐ No ☐

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
TOWNSHIP OF BERKELEY

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ▶ MUNICIPAL GOVERNMENT

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box B

Requester's name and address (optional)

6 City, state, and ZIP code
BAYVILLE, NJ 08721

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
2 1 - 6 0 0 0 0 8 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 6/15/20

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

***It Pay$ to Plug In*: NJ's Electric Vehicle Charging Grants Program**

Certification Checklist

I certify that:

☑ The project location is not a private residential dwelling other than a multi-unit dwelling.

☑ An adequate power supply exists to provide power to all charging stations simultaneously. If such power supply does not exist, I certify that I will upgrade any and all necessary equipment.

☑ I will follow all State and Federal procurement rules which include obtaining a minimum of three bids, and having the quotes available for future audit review.

☑ The charging station(s) will be placed in parking spots restricted to electric vehicle parking only. The parking spots will be designated with appropriate signage and/or floor paint. A single-port charging station must have one EV-only parking spot; a dual-port charging station must have two EV-only parking spots.

☑ Charging stations must be ADA compliant and follow all applicable laws, ordinances, regulations and standards.

☑ The charging station must connect to a network by wired ethernet, Wi-Fi, or cellular connection. Level 1 charging stations are exempt from this network requirement.

☑ I am licensed to do business in New Jersey, as are any contractors used to complete the project, as listed on the Subcontractor Certification Form.

☑ I have title ownership to the site or facility where the proposed charging station is being installed;
or
☐ I have attached written approval for charging station installation and use for a minimum of five (5) years from the title owner of the property; **or**
☐ I will submit within twenty-one (21) days written approval for charging station installation and use for a minimum of five (5) years from the title owner of the property.

☐ For charging stations associated with an eMobility program:
☐ I have attached written documentation indicating that eMobility vehicles have been secured or will be secured by the date of installation of the charging stations; **or**
☐ I will submit within 21 days written documentation indicating that eMobility vehicles have been secured or will be secured by the date of installation of the charging stations.

☑ The charging station(s) will be kept operational and in service for a minimum of five (5) years.

☑ I have identified the party responsible for maintenance and repair of the charging station(s) and have a plan to minimize theft of service or vandalism of charging station(s), as applicable.

(continued on next page)

☑ I will provide utilization information from the charging stations by establishing quarterly recurring data transfers to NJDEP for the duration of the five (5) years. For non-networked stations, the applicant must provide NJDEP with quarterly data reporting on electricity use and number of regular users, to the best extent possible. I understand that the NJDEP is primarily interested in how much the charging stations are being used, the costs to operate them, and how many commuting miles are being satisfied by workplace charging.

☑ All required permits and approvals will be obtained prior to installation and use of the charging station(s) and the charging station(s) will comply with applicable federal, state, and local laws, to the best of my knowledge.

Signature of Grant Executor:

_____ Date: _____

Print Name: _____ Title: _____

"I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

The NJDEP reserves the right to request documentation and perform site visits to ensure compliance with the above requirements.

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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** Municipal Building

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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: 1 (2 port minimum)	Make: ChargePoint Model: CT4021-GW1

Gerd Trommer

Name

Date

Signature

Grant Requested:	$8,000

Lease? Yes ☐ No ☑