

SIGNAT

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2023

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN
ACCORDANCE WITH YOUR REQUIREMENTS.**

Company Name: Mercury Public Affairs LLC

(PRINT)

Preparer's Name: Randy Minniear

(PRINT)

Signature: 

(DATE)

Address: 1 Elm St, Westfield, NJ 07090

Telephone No.: 732-859-6145

Fax No.: _____

E-Mail Address: rminniear@mercuryllc.com

*****(This should be the email where Contracts would be sent)*****

Contact Person: _____

FEIN: 

(Federal Employee ID)

BRC: 


(Business Registration Certificate)

APPLICATION FOR FUNDS

COUNTY-WIDE SUBSTANCE USE AWARENESS CAMPAIGN WITH A FOCUS ON THE DANGERS OF FENTANYL

1. Name of Contractor Mercury Public Affairs				
2. Street Address	City	County	State	Zip Code
1 Elm Street Suite 2	Westfield	Union	NJ	07090
3. Name and Title of Fiscal Contact Randy Minniear, Managing Director			Telephone No. (732) 859-6145	
4. Name and Title of Director Ivy Charmatz, Senior Vice President			Telephone No. (908) 451-4975	
5.			Telephone No.	
6. Employee ID No	NJ State License No., if Applicable		Accreditations	
<div style="background-color: black; width: 100px; height: 15px;"></div>	<div style="background-color: black; width: 100px; height: 15px;"></div>			
7. Location of Proposed Project	City	County	State	Zip Code
N/A				
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024		
N/A		N/A		
10. Type of Agency (check one)				
<input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Other (specify) Private Firm				
11. If political subdivision, covered by NJ Civil Service Merit System?		12. Affirmative Action Plan		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
COST OF PROJECT				
14. Total Funds Requested \$100,000				

Certification: The undersigned assures, declares and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Division of Behavioral Health to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.

NAME AND TITLE OF CONTRACTOR (Print) Randy Minniear Managing Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 9/6/23
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