

**MUNICIPALITY OF BARRINGTON
GRANTS TO ORGANIZATIONS**

APPLICATION FORM

RECEIVED

MAY 20 2021

NAME OF APPLICANT ORGANIZATION: _____

CONTACT PERSON: BRIAN CHEWYND

ADDRESS: #6 41 PORTER ST. YARMOUTH N.S B5A 2Y8

TELEPHONE: 902-637-7050 EMAIL: BCHETWYND@EASTLINK.CA

NS REGISTRY OF JOINT STOCKS NUMBER: —

FEDERAL CHARITABLE STATUS NUMBER: —

If you do not have either of the above numbers, provide the name and contact information of the organization that you are affiliated with: _____

1. PLEASE INDICATE THE GRANT AMOUNT FOR WHICH YOU ARE APPLYING:

\$700.00

2. IF YOU ARE APPLYING FOR FUNDING FOR A CAPITAL PROJECT/PROGRAM/ SERVICE, PLEASE LIST ALL SUPPORT THAT HAS BEEN APPLIED FOR (monetary and in-kind):

FUNDING BODY	REQUESTED	CONFIRMED
FEDERAL GOVERNMENT (List Dept/Agency)	\$	\$
	\$	\$
	\$	\$
	\$	\$
PROVINCIAL GOVERNMENT (List Dept/Agency)	\$	\$
	\$	\$
	\$	\$
	\$	\$
MUNICIPAL GOVERNMENT	\$	\$
	\$	\$
	\$	\$
	\$	\$
OTHER FUNDERS	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

3. PLEASE IDENTIFY THE COMMUNITY, AREA AND/OR GROUP(S) YOUR ORGANIZATION SERVES:

SEA VIEW CEMETERY WEST BACCARO

4. PLEASE DESCRIBE YOUR ORGANIZATION'S SPECIFIC PROJECT/PROGRAM/SERVICE (if additional space is required, please attach a separate sheet):

MAINTAIN WEST BACCARO CEMETRY. TO KEEPS LOTS REPAIRED.
TO REPAIR GROUND AROUND AND BETWEEN LOTS TO KEEP IT AS LEVEL
AS POSSIBLE. TO REMOVE ROCK AND UNWANTED BUSH.

5. PLEASE DESCRIBE THE BENEFITS YOUR PROJECT/PROGRAM/SERVICE WILL PROVIDE TO THE COMMUNITY AND/OR MUNICIPALITY:

TO MAINTAIN THE CEMETRY SO THAT THERE IS ACCESS FOR PEOPLE TO
VISIT THE GRAVES OF THEIR LOVED ONES. KEEP THE CEMETERY PRESENTABLE
FOR THE COMMUNITY. TO KEEP THE CEMETERY MAINTAINED SO THAT IT BECOMES
EASIER TO MAINTAIN.

6. PLEASE ATTACH A COPY OF THE FINANCIAL STATEMENT FOR YOUR ORGANIZATION. *LAST YEAR, THROUGH DONATIONS, RAISED ENOUGH TO COVER COSTS OF SECOND LOAD OF FILL.*

7. PLEASE LIST YOUR BOARD OF DIRECTORS OR ORGANIZING COMMITTEE MEMBERS:

NAME	POSITION	ADDRESS	TELEPHONE

8. PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:

- COMPLETED APPLICATION FORM
- PROOF OF CURRENT REGISTRATION AS A NON-PROFIT OR CHARITABLE ORGANIZATION
- MOST RECENT FINANCIAL STATEMENT
- YOUR ORGANIZATION'S BUDGET FOR THE UPCOMING YEAR OR PROJECT

9. AUTHORIZATION:

Application prepared By: *Brian Chetwood* *Brian Chetwood* *29/04/2021*
 (Contact Person) Signature Print DD/MM/YY

Board/Committee: _____ _____ / /
 (Signing Officer) Signature Print DD/MM/YY

10. SUBMISSION:

MAIL: MUNICIPALITY OF THE DISTRICT OF BARRINGTON
 GRANTS PROGRAM
 P.O. BOX 100
 BARRINGTON, NS
 BOW 1E0

EMAIL: info@barringtonmunicipality.com
DROP OFF: 2447, Highway #3, Barrington, NS
ONLINE: www.barringtonmunicipality.com