MUNICIPALITY OF BARRINGTON
GRANTS TO ORGANIZATIONS

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APPLICATION FORM

NAME OF APPLICANT ORGANIZATION: Woods Harbour Ballfield Society

CONTACT PERSON: Sherry Cameron or Sherry Sears

ADDRESS: 6860 Hwy 3 Woods Harbour N.S.

TELEPHONE: 902 723-0346 EMAIL: _____

NS REGISTRY OF JOINT STOCKS NUMBER: 3304717

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: Samuel Wood Historical Society

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

$ 1000.00

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:

Charlesville
Woods Harbour
Shag Harbour
Bear Point
Atwoods Brook
Doctors Cove

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

Our project consists of Keeping the ballfield in Woods Harbour up to the standards that it should be to be able to be used for playing ball soccer and other sports

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

During this very stressful time the area needs to be used daily. The children of our area need this. Getting outside and socializing with other children is what we need to get back on track.

6. PLEASE ATTACH A COPY OF THE FINANCIAL STATEMENT FOR YOUR ORGANIZATION.

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

NAME	POSITION	ADDRESS	TELEPHONE
Edsel Graham	President	Wood's Harbour	902 635-0378
Sherry Sears	Secretary	Woods Harbour	902 723-0346
Sherry Cameron	treasurer		

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: Sherry Sears Sherry Sears 2/06/21
(Contact Person) Signature Print DD/MM/YY

Board/Committee: Edsel Graham Edsel Graham 2/06/21
(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 1EO

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