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**TO:** Municipality of the District of Barrington Council

**FROM:** JAMIE SYMONDS. TREASURER

**SUBJECT:** \$500 GRANT – FOOD BANK

**CC:** CHELSEA TURNER, CAMERON ALBRIGHT, MEREDITH SYMONDS, CARLA NICKERSON

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Good afternoon,

The Villagedale Community Association's objective is to, on a volunteer and non-profit basis, engage in community betterment promoting connections, supports, opportunities and initiatives for a diverse, inclusive and welcoming community.

We are requesting a grant of \$500 to add to a food bank we are establishing at the local fire dept. The group recently helped 200+ individuals over the holidays, and there's a definite need for food security. Schedule "A" is attached.

Sincerely,



Jamie Symonds

Treasurer  
Villagedale Community Association





MUNICIPALITY OF BARRINGTON  
APPLICATION FORM

GRANTS TO NON-PROFIT ORGANIZATIONS, CEMETERIES, COMMUNITY HALLS, SOCIETIES AND  
MUSEUMS - Maximum of \$500

NAME OF APPLICANT ORGANIZATION: Villagedale Community  
Association  
CONTACT PERSON: Carla Nicholson

ADDRESS: Barrington

TELEPHONE: 902-                      EMAIL:                     

NS REGISTRY OF JOINT STOCKS NUMBER: 751694548N0001

FEDERAL CHARITABLE STATUS NUMBER:                     

1. Please indicate the grant amount for which you are applying: \$ 500<sup>00</sup>

2. Please identify the community, area and/or group(s) your organization serves:

Anyone with food insecurity in our  
community. With oil at \$2.11/litre  
many have to decide food over heat

Non-profit

3. Please describe your organization's specific project/program/service:

Brand new food bank started  
to assist low income / seniors /  
min wage or anyone in need.

Increased need due to inflation

Not in affiliation with any religious  
groups - open for all.



4. Please provide a list of your membership including name, position, address and telephone number:

NAME	POSITION	ADDRESS	TELEPHONE
Carla Nickerson	President	Villagedale	902-6
Janie Symonds	Treasurer	"	
Meredith Symonds	Secretary	"	
Onels Turner		Smithville	
Cameron Albright		Villagedale	

5. Authorization:

Application prepared By: Carla Nickerson Carla Nickerson 15 12 22  
(Contact Person) Signature Print DD/MM/YY

Board/Committee: Carla Nickerson Carla Nickerson 15 12 22  
(Signing Officer) Signature Print DD/MM/YY

6. Submission:

MAIL: Municipality of the District of Barrington  
Grants Program  
P.O. Box 100  
Barrington, NS  
BOW 1EO

EMAIL: [info@barringtonmunicipality.com](mailto:info@barringtonmunicipality.com)

DROP OFF: 2447, Highway #3, Barrington, NS

ONLINE: [www.barringtonmunicipality.com](http://www.barringtonmunicipality.com)



