
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

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 Nickerson

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: \$ 500⁰⁰

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

Anyone with food insecurity in our
community. With oil at \$2.15/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
Jamie 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
 DROP OFF: 2447, Highway #3, Barrington, NS
 ONLINE: www.barringtonmunicipality.com

