



SCHEDULE "A"

MUNICIPALITY OF BARRINGTON
APPLICATION FORM

GRANTS TO, CEMETERIES, COMMUNITY HALLS, FOOD BANKS, MUSEUMS AND OTHERS
Maximum of \$500

NAME OF APPLICANT ORGANIZATION: Doctor's Cove Old Cemetery Association

CONTACT PERSON: Killian Nickerson

ADDRESS: _____

TELEPHONE: _____ EMAIL: /

NS REGISTRY OF JOINT STOCKS NUMBER: N/A

FEDERAL CHARITABLE STATUS NUMBER: N/A

1. Please indicate the grant amount for which you are applying: \$ 500.00

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

The community of Doctor's Cove, Shelb. Co, MS.

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

The purpose of this association is to maintain the steeple building (taken from the original church) which has a plaque on it to commemorate the United Baptist Church which served our community 1860 - 2015 also to mow and maintain the old cemetery behind the steeple.

