



SCHEDULE "A"

MUNICIPALITY OF BARRINGTON
APPLICATION FORM

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

NAME OF APPLICANT ORGANIZATION: Good Will Club of Barrington

CONTACT PERSON: Shirley Ross

ADDRESS: Bow 1E0

TELEPHONE: EMAIL:

NS REGISTRY OF JOINT STOCKS NUMBER:

FEDERAL CHARITABLE STATUS NUMBER:

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:
Riverdale Cemetery Barrington
Yarmouth Regional Hospital Foundation
Western Shelburne County Health
Lions Club Fire Relief - (2023 only)

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

The Good Will Club is a charitable society with a main interest in supporting the local Riverdale Cemetery and on a smaller scale others listed above. We are also maintaining an historical building in the community of Barrington. In 2023 we were asked to have a gutter mounted on our building on the side nearest our neighbouring building due to run off on their deck.

This was at a cost of \$514.88 installed by Bridon DACC

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

NAME	POSITION	ADDRESS	TELEPHONE
Phyllis Cunningham	President		
Elizabeth Scott	Vice President		
Rachel Nickerson	Secretary		
Shirley Ross	Treasurer		

5. Authorization:

Application prepared By: SRoss Signature Shirley Ross Print 18/09/2023 DD/MM/YY

Board/Committee: Allegan Signature P.S. Cunningham Print 20/09/2023 DD/MM/YY

6. 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