



SCHEDULE "A"

MUNICIPALITY OF BARRINGTON  
APPLICATION FORM

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

NAME OF APPLICANT ORGANIZATION: BARRINGTON CEMETERY ASSOCIATION

CONTACT PERSON: JULIE NICKERSON

ADDRESS:

TELEPHONE:  EMAIL:

NS REGISTRY OF JOINT STOCKS NUMBER: 875455727 RR0001

FEDERAL CHARITABLE STATUS NUMBER: 875455727 RR0001

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:  
BARRINGTON WEST, RIVERHEAD ROAD.

3. Please describe your organization's specific project/program/service:  
Maintenance & beautification of the Cemetery.

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

NAME	POSITION	ADDRESS	TELEPHONE
Lea Jane Smith	President		
Rachel Nickerson	Secretary		
Julie Nickerson	Treasurer		
Patty Hudson	Director		
Carol Wilson	Director		
Anne Smith	Director		
Charlene Stewart	Director		

5. Authorization:

Application prepared By: Julie Nickerson Julie Nickerson <sup>09/10/23</sup>  
 (Contact Person)                      Signature                      Print                      DD/MM/YY

Board/Committee: Charlene Stewart Charlene Stewart 02/10/23  
 (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)