



SCHEDULE "A"

MUNICIPALITY OF BARRINGTON
APPLICATION FORM

GRANTS TO, CEMETERIES, COMMUNITY HALLS, FOOD BANKS, MUSEUMS AND OTHERS

Maximum of \$500

NAME OF APPLICANT ORGANIZATION: Atlantic Hall, The Hawk Pt. Rd.

CONTACT PERSON: Carol Atwood

ADDRESS: Atlantic St. Clarks Harbour NS

TELEPHONE: EMAIL:

NS REGISTRY OF JOINT STOCKS NUMBER: 3318851

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:

The Hawk

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

's
Maintenance

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

NAME	POSITION	ADDRESS	TELEPHONE
Carol Atwood	President		
Sylvia Atwood	Secretary		

5. Authorization:

Application prepared By: Emma Nickerson Emma Nickerson 10/11/23
 (Contact Person) Signature Print DD/MM/YY

Board/Committee: Carol Atwood Carol Atwood 10/11/23
 (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
 DROP OFF: 2447, Highway #3, Barrington, NS
 ONLINE: www.barringtonmunicipality.com