



SCHEDULE "A"

MUNICIPALITY OF BARRINGTON
APPLICATION FORM

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

NAME OF APPLICANT ORGANIZATION: Evergreen Cemetery
LR CLARK'S HARBOUR

CONTACT PERSON: Jean Atwood

ADDRESS: Hawk Pt. Road - Bow 1 P0

TELEPHONE: _____ EMAIL: _____

NS REGISTRY OF JOINT STOCKS NUMBER: _____

FEDERAL CHARITABLE STATUS NUMBER: 888166667 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:

Lower Clark's Harbour

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

maintenance

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

NAME	POSITION	ADDRESS	TELEPHONE
Earlene Nickerson	President		
Janie Nickerson	Secretary		
Jean Atwood	Treasurer		
Roseanne Stoddert			
Marilyn Atwood			

5. Authorization:

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

Board/Committee: Jean Atwood JEAN ATWOOD 14/11/23
 (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