

**MUNICIPALITY OF BARRINGTON
GRANTS TO ORGANIZATIONS**

APPLICATION FORM

NAME OF APPLICANT ORGANIZATION: Barrington & Area Chamber of Commerce

CONTACT PERSON: Della Nickerson - Coordinator

ADDRESS: Box 7 Compl Barrington NS B0W 1E0

TELEPHONE: 902 637-7199 EMAIL: barringtonchamberofcommerce@gmail.com

NS REGISTRY OF JOINT STOCKS NUMBER: 1979090

FEDERAL CHARITABLE STATUS NUMBER: _____

If you do not have either of the above numbers, provide the name and contact information of the organization that you are affiliated with: _____

1. PLEASE INDICATE THE GRANT AMOUNT FOR WHICH YOU ARE APPLYING:

\$ 1000.⁰⁰

RECEIVED
MAR 26 2020

2. IF YOU ARE APPLYING FOR FUNDING FOR A CAPITAL PROJECT/PROGRAM/SERVICE, PLEASE LIST ALL SUPPORT THAT HAS BEEN APPLIED FOR (monetary and in-kind):

FUNDING BODY	REQUESTED	CONFIRMED
FEDERAL GOVERNMENT (List Dept/Agency)	\$	\$
	\$	\$
	\$	\$
	\$	\$
PROVINCIAL GOVERNMENT (List Dept/Agency)	\$	\$
	\$	\$
	\$	\$
	\$	\$
MUNICIPAL GOVERNMENT	\$	\$
	\$	\$
	\$	\$
	\$	\$
OTHER FUNDERS	\$	\$
	\$	\$
	\$	\$
	\$	\$

3. PLEASE IDENTIFY THE COMMUNITY, AREA AND/OR GROUP(S) YOUR ORGANIZATION SERVES:

Barrington Municipality and town of Clark's Harbour.

4. PLEASE DESCRIBE YOUR ORGANIZATION'S SPECIFIC PROJECT/PROGRAM/SERVICE (if additional space is required, please attach a separate sheet):

The project is to put Flower's at the Chamber members, that are in Barrington Passage business district and town of Clark's Harbour.

5. PLEASE DESCRIBE THE BENEFITS YOUR PROJECT/PROGRAM/SERVICE WILL PROVIDE TO THE COMMUNITY AND/OR MUNICIPALITY:

The benefit is to make the area welcoming to visitors going to the area.

6. PLEASE ATTACH A COPY OF THE FINANCIAL STATEMENT FOR YOUR ORGANIZATION.

7. PLEASE LIST YOUR BOARD OF DIRECTORS OR ORGANIZING COMMITTEE MEMBERS:

NAME	POSITION	ADDRESS	TELEPHONE
Della Nickerson	Coordinator	Barr Clam Point	902 637-7199
Wayne Malone	President	Wood's Harbour	902 320-1359

8. PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:

- COMPLETED APPLICATION FORM
- PROOF OF CURRENT REGISTRATION AS A NON-PROFIT OR CHARITABLE ORGANIZATION
- MOST RECENT FINANCIAL STATEMENT
- YOUR ORGANIZATION'S BUDGET FOR THE UPCOMING YEAR OR PROJECT

9. AUTHORIZATION:

Application prepared By: Della Nickerson Signature Della Nickerson Print 03/03/20 DD/MM/YY

Board/Committee: Wayne Malone Signature WAYNE MALONE Print 02/02/20 DD/MM/YY

10. 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

NS Registry of Joint Stocks

	Business/Organization Name:	BARRINGTON AND AREA CHAMBER OF COMMERCE
	Registry ID:	1979090
	Type:	Society

STATEMENT OF INCOME AND EXPENDITURES FOR

Barrington and Area Chamber of Commerce
(society name)

for the fiscal period ending

2019/12/31
(yyyy/mm/dd)

	2019
Income	
Membership fees	3750.00
Fund raising	3182.35
Other revenue (Chamber insurance, First Xcota)	5788.86
Other revenue - educational courses	31530.00
A. Total Income	<u>44251.21</u>
Expenditures	
Administration	666.45
Education and training	17089.25
Insurance	600.00
Professional fees	
Salaries	9858.00
Other expenditures Bursaries	1000.00
Other expenditures	7544.89
B. Total Expenditures	<u>36758.59</u>
C. Net Surplus or (Deficit) (A - B = C)	<u>7492.62</u>
D. Surplus or (Deficit), beginning of year	<u>8260.27</u>
E. Surplus or (Deficit), end of year (C + D = E)	<u>15752.89</u>

Auditor or
Director: _____
(signature)

Director: _____
(signature)

(name)

(name)

Budget for the Project

33 flower baskets at \$30 each = \$990

