



SCHEDULE "A"

MUNICIPALITY OF BARRINGTON  
APPLICATION FORM

GRANTS TO NON-PROFIT ORGANIZATIONS, CEMETERIES, COMMUNITY HALLS, SOCIETIES AND  
MUSEUMS - **Maximum of \$500**

NAME OF APPLICANT ORGANIZATION: BONNY CASTLE CEMETARY

CONTACT PERSON: CHAD HACKETT

ADDRESS: 1219 CENTERVILLE SOUTH SIDE Rd

TELEPHONE: 902 320-3324 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:

Mowing and Maintenance of Cemetery  
of Bonny Castle Cemetery in Clyde River.  
(Upper Clyde)

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

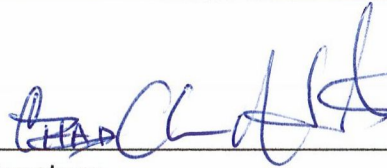
Mowing & Maintenance of Cemetery  
grounds

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

NAME	POSITION	ADDRESS	TELEPHONE

5. Authorization:

Application prepared By:  
(Contact Person)



Signature

CHAD HAUERT

Print

04/08/2024

DD/MM/YY

Board/Committee:  
(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 1E0

EMAIL: [info@barringtonmunicipality.com](mailto:info@barringtonmunicipality.com)

DROP OFF: 2447, Highway #3, Barrington, NS

ONLINE: [www.barringtonmunicipality.com](http://www.barringtonmunicipality.com)