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**TO:** Municipality of the District of Barrington Council

**FROM:** JAMIE SYMONDS, TREASURER  
(JAMIE.SYMONDS@GMAIL.COM)

**SUBJECT:** \$500 GRANT – FOOD BANK

**CC:** CHELSEA TURNER, CAMERON ALBRIGHT, MEREDITH SYMONDS, JAMIE SYMONDS

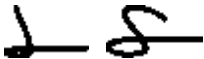
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Good afternoon,

The Villagedale Community Association's objective is to, on a volunteer and non-profit basis, engage in community betterment promoting connections, supports, opportunities and initiatives for a diverse, inclusive and welcoming community.

We have been advised that \$49,969.49 of the \$50,000 has been distributed and our request for funding has been tabled. I ask that you consider dolling out the remaining \$30.51 to our community group, every cent counts and we are making a positive impact on people's lives.

Sincerely,



Jamie Symonds

Treasurer  
Villagedale Community Association



MUNICIPALITY OF BARRINGTON  
APPLICATION FORM

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

NAME OF APPLICANT ORGANIZATION: Village Dale Community Association  
CONTACT PERSON: Carla Nickerson  
ADDRESS: 716 Village Dale Road, Barrington  
TELEPHONE: 902-635-0144 EMAIL: nickerson-carla@yahoo.ca  
NS REGISTRY OF JOINT STOCKS NUMBER: 751694548N0001  
FEDERAL CHARITABLE STATUS NUMBER: \_\_\_\_\_

1. Please indicate the grant amount for which you are applying: \$ 500<sup>00</sup>

2. Please identify the community, area and/or group(s) your organization serves:  
Anyone with food insecurity in our community. With oil at \$2/litre many have to decide food over heat  
Non-profit

3. Please describe your organization's specific project/program/service:  
Brand new food bank started to assist low income / seniors / min wage or anyone in need.  
Increased need due to inflation  
Not in affiliation with any religious groups - open for all.

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

NAME	POSITION	ADDRESS	TELEPHONE
Carla Nickerson	President	Villageedale	902-635-0144
Jamie Symonds	Treasurer	"	
Meredith Symonds	Secretary	" "	
Chels Turner		Smithville	
Cameron Albright		Villageedale	

5. Authorization:

Application prepared By: Carla Nickerson Carla Nickerson 15 12 22  
 (Contact Person)                      Signature                      Print                      DD/MM/YY

Board/Committee: Carla Nickerson Carla Nickerson 15 12 22  
 (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)