

## 2025 Affiliated Neighbourhood Association Application

### Returning Applicants

#### Instructions:

- This application is for **returning applicants** who have been affiliated through this program in previous years.
- Please review the [City of Brampton Neighbourhood Association Guide](#) to learn about the list of benefits, opportunities, and information on eligibility and requirements for creating an Affiliated Neighbourhood Association.
- To complete the application, please download this form and save it to your computer. Email the completed application to the Community Safety & Well-Being Office (CSWO) at [CSWO@brampton.ca](mailto:CSWO@brampton.ca).
- For assistance with completing this application, please contact the CSWO by email at [CSWO@brampton.ca](mailto:CSWO@brampton.ca), or connect directly with your [Quadrant Coordinator](#).

### 1. Neighbourhood Association Information

Please provide details below.

**a) Neighbourhood Association Name:**

**b) Main Point of Contact:**

The Main Point of Contact is the individual who will be in communication with the CSWO about affiliation, project planning, and project delivery. The Main Point of Contact must be from a different household than the Treasurer.

<b>First and Last Name:</b>	
<b>Email Address:</b>	

**c) Treasurer:**

The Treasurer is responsible for project budgeting, keeping track of the Nurtured Neighbourhood Grant spending, and providing receipts for the Close-Out Report. The Treasurer must be from a different household than the Main Point of Contact.

<b>First and Last Name:</b>	
<b>Email Address:</b>	

**d) When you formed and how you communicate with your Neighbourhood Association**

<b>Year you became an Affiliated Neighbourhood Association:</b>	
<b>Date for 2025 Annual General Meeting:</b>	
<b>Updated Neighbourhood Association Boundaries:</b> <i>Please note we would like you to re-examine your boundaries to fit the new standard.</i>  <i>Please provide street names or attach a map with street names clearly identified. All boundaries will be reviewed and approved by CSWO. Guidance for re-defining boundaries:</i> <ul style="list-style-type: none"> <li>• <i>Walkable within 15 minutes or under 2 km in parameter; or,</i></li> <li>• <i>Include up to 5 connected streets; or,</i></li> <li>• <i>May include a landmark within the neighbourhood as a common space for gathering or to bring neighbours together, such as a park or interesting neighbourhood feature.</i></li> </ul>	

## 2. Your Team

The Neighbourhood Association must be made up of a minimum of twenty (20) Brampton residents from the same neighbourhood, each from different households. Please complete this section if there have been changes to your Team.

**a) Team Changes**

<b>There are no team changes to the Neighbourhood Association</b>	<input type="checkbox"/>
<b>There are some team changes to the Neighbourhood Association, noted in the table below</b>	<input type="checkbox"/>

**b) Team Information**

	<b>Name</b>	<b>Home Address</b>	<b>Email or Phone Number</b>	<b>New Member</b>	<b>Removed Member</b>
1)				<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>
<b>I confirm that all members above have understood the purpose of collecting their contact details and have given their consent to do so.</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 3. What would you like to do?

Please provide details for the project(s) you wish to complete. If you are planning multiple projects, please provide details for each.

#### a) What type of project(s) will you be focusing on?

<p><b>Please refer to the list of Nurtured Neighbourhood Grant potential uses on pages 20-25 of the <a href="#">Neighbourhood Association Guide</a> and identify which project you would like to complete (select all that apply).</b></p>		
<input type="checkbox"/> Litter clean-up <input type="checkbox"/> Graffiti removal <input type="checkbox"/> Flower planters in public spaces <input type="checkbox"/> Flower planters for traffic calming (landscaped street medians) <input type="checkbox"/> Public bench dedication <input type="checkbox"/> Painted waste receptacles Information boards	<input type="checkbox"/> Pop-up libraries <input type="checkbox"/> Pop-up markets <input type="checkbox"/> Adopt-a-park <input type="checkbox"/> Neighbourhood entrance flower beds <input type="checkbox"/> Wayfinding signage <input type="checkbox"/> Painted trails <input type="checkbox"/> Multi-purpose court artwork <input type="checkbox"/> Street parties	<input type="checkbox"/> Street barbeques <input type="checkbox"/> Youth engagements <input type="checkbox"/> Access to space <input type="checkbox"/> Dog and/or pet related community parties <input type="checkbox"/> Community fitness events <input type="checkbox"/> Learning events <input type="checkbox"/> Other, <i>please identify:</i> _____

#### b) Project 1: Tell us more about what you would like to do.

<p><b>About the Project</b></p>   
<p><b>Plan of Action</b></p>   
<p><b>How will you measure your project success? (For example, what metrics are you collecting?)</b></p>   



<b>What do you hope to accomplish and what impact will your project have on your neighbourhood?</b>		
<b>Have you done something similar in the past?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, tell us more:</i>		

**c) Project 2 (Optional)**

<b>About the Project</b>
<b>Plan of Action</b>
<b>How will you measure your project success? (For example, what metrics are you collecting?)</b>
<b>What do you hope to accomplish and what impact will your project have on your neighbourhood?</b>



b) Project 2 (*Optional*)

Project Name:			
Location:			
Date Start:		Date End:	
Expense Items		Estimated Cost (\$)	

**Total Estimated Cost**     \$ \_\_\_\_\_

## 5. Completion

Upon completion of this application, please sign and submit to the CSWO at [CSWO@brampton.ca](mailto:CSWO@brampton.ca). If you would like to submit using a different method, please contact the email address above. **Please note incomplete applications will cause delays to affiliation approval and funding distribution.**

The personal information on this form is collected under authority of the Municipal Act SO 2001, c. 25. Questions about the collection of personal information should be directed to our Call Centre by dialing 3-1-1 (within Brampton city limits) or 905.874.2000 (outside city limits). Please review the City of Brampton Privacy Statement for more information.

Application Completed by:	
Signature:	
Date:	

**Congratulations! You have completed your application to become an affiliated Neighbourhood Association. The CSWO will contact you with the results of your application. If you have any questions, please email [CSWO@brampton.ca](mailto:CSWO@brampton.ca).**