

2024 Affiliated Neighbourhood Association Application

The [City of Brampton Neighbourhood Association Guide](#) provides a list of benefits, opportunities, and information on eligibility and requirements.

Once you have read through the Neighbourhood Association Guide, please use this document to apply to become an Affiliated Neighbourhood Association. Please complete all sections of the document and submit to the Community Safety & Well-Being Office (CSWO) at CSWO@brampton.ca.

If you need support in completing this document, please contact the CSWO by email at CSWO@brampton.ca, or by phone at 905-874-2645, or connect directly with your [Quadrant Coordinator](#).

1. Main Point of Contact Information

a) First name:	
b) Last name:	
c) Home address:	
d) City:	
e) Postal code:	
f) Phone number:	
g) Email address:	

2. Treasurer Contact Information

a) First name:	
b) Last name:	
c) Home address:	
d) City:	
e) Postal code:	
f) Phone number:	
g) Email address:	

3. Neighbourhood Association Information

Please provide details below. Please note for question 3f that the Neighbourhood Association is required to have an all-member meeting at least once annually.

a) Neighbourhood Association name:		
b) Neighbourhood boundaries <i>(provide street names):</i>		
c) Year association was formed:		
d) Association status:	<input type="checkbox"/> New	<input type="checkbox"/> Existing
e) Proposed date for Annual General Meeting:		
f) Select the ways your members communicate with one another <i>(select all that apply)</i>:		
<input type="checkbox"/> Phone	<input type="checkbox"/> In-person meetings	
<input type="checkbox"/> Email	<input type="checkbox"/> Facebook	
<input type="checkbox"/> Whatsapp	<input type="checkbox"/> Instagram	
<input type="checkbox"/> Nextdoor	<input type="checkbox"/> X/Twitter	
<input type="checkbox"/> Website	<input type="checkbox"/> Tik Tok	
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Other. Please list: _____	
g) How did your association recruit members?		

4. 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.

	Name	Home address	Phone number	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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9.				
10.				
11.				
12.				
13.				
14.				
15.				
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17.				
18.				
19.				
20.				

5. What would you like to do?

Please provide a description of the project you wish to complete, along with the estimated number of neighbours involved/attending, additional metrics you plan to collect, and how the project will impact your neighbourhood.

a) Please refer to the list of Nurtured Neighbourhood Grant potential uses on pages 20-25 of the Neighbourhood Association Guide and identify which project you would like to complete (<i>select all that apply</i>).		
<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 <input type="checkbox"/> 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, please identify: _____
b) Please tell us more about what you would like to do.		
Empty space for user input		

c) What do you hope to accomplish? What kind of impact would you like to make in your neighbourhood?

d) Have you done something similar in the past? Tell us more.

6. Budget Worksheet

If your project requires funding, applicants are required to submit this section with estimated costs for spending the Nurtured Neighbourhood Grant.

Project 1			
Theme:			
Project:			
Location:			
Date Start:		Date End:	
Expense Items	Estimated Cost (\$)		
Total Cost		\$	-

Project 2 (Optional)			
Theme:			
Project:			
Location:			
Date Start:		Date End:	
Expense Items	Estimated Cost (\$)		
Total Cost		\$	-

7. Completion

Upon completion of this document, please sign and submit to the CSWO at CSWO@brampton.ca. If you would like to submit using a different method, please contact the email address above.

Application completed by:	
Name:	
Signature:	
Date:	

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.

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.