

2024 Affiliated Neighbourhood Association Close-Out Report

Please use this document as a report for your completed Affiliated Neighbourhood Association project(s), supported through the Nurtured Neighbourhood Grant. 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.

Neighbourhood Association name:	
Main Point of Contact:	
Treasurer:	
Date funding was received:	
Report submission date:	

1. Project Responsibilities

Please outline the responsibilities of key members below.

Main Point of Contact Name	Responsibility
Treasurer Name	Responsibility
Name of Member	Responsibility



2. Nurtured Neighbourhood Grant Funding Allocation

Please complete the budget section below to outline how Nurtured Neighbourhood Grant funding was spent to complete your neighbourhood project(s). You are required to attach all applicable receipts and/or invoices as photocopies with this Report.

a)		eipts and/or invoices have been submitted by email				□ No	
		Projec	et 1				
The	me:						
	Project:						
	Location:						
Date Start: Date End:							
Ехр	ense Iter	ns			Actual Cost (
		Total Cost	\$			-	
			<u> </u>				
		Project 2 (C	Optional)				
The	me:						
Proj	ect:						
	ation:						
Date	Start:		Date End:				
Exp	ense Iter	ns			Actu	al Cost (\$)
<u> </u>							
		Total Cost	\$			_	



3. Project Impact & Overall Experience

Please provide the following information:

- A brief description of the project impact what did you accomplish?
- How many neighbours participated?
- Other metrics you collected for the initiative.

What change did you produce?
Learnings & Opportunities Please describe what worked well, opportunities to improve for next time, and key recommendations for moving forward.



Date:

7	Additional	Comments	R.	CSWO	Foodback	•
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		lso provide feedback to let the CSWO know
	how to support this experience better.	
		-
	Completion	
•	Completion Upon completion of this document, is	please sign and submit to the CSWO at
	·	to submit using a different method, please
	contact the email address above.	
₹6	eport completed by:	
٧a	ame:	
Si	gnature:	

Please include any additional comments you have about your experience completing

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 2024 Affiliated Neighbourhood Association Close-Out Report.

If you have any questions, please email CSWO@brampton.ca.