

2026 Affiliated Neighbourhood Association Application

New Applicants

Instructions:

- This application is for **new applicants** who have never been affiliated through this program.
- Please review [2025 Affiliated Neighbourhood Association Map.pdf](#) to ensure there is no Affiliated Neighbourhood Association in your neighbourhood. If there is an Affiliated Neighbourhood Association, email Community Safety & Well-Being Office (CSWO) at CSWO@brampton.ca.
- 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 CSWO at CSWO@brampton.ca.
- For assistance with completing this application, please contact the CSWO by email at 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.

First and Last Name:	
Home Address:	
Email Address:	
Phone Number:	

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.

First and Last Name:	
Home Address:	
Email Address:	
Phone Number:	

c) When did you form your Neighbourhood Association:

Year you became an Affiliated Neighbourhood Association:	
2026 Annual General Meeting: <i>Please note if there are any changes after the submission of your application you must inform CSWO within 2 weeks.</i>	Date:
	Time
	Location:

Neighbourhood Association Boundaries:

Please review the [Affiliated Neighbourhood Association](#) map to find out if a neighbourhood association exists within your neighbourhood. If yes, and you would like to join, please email CSWO@brampton.ca.

If there is no neighbourhood association, please provide street names or attach a map with street names clearly identified. All boundaries will be reviewed and approved by CSWO.

Please ensure your proposed boundaries meet the criteria below:

- *Walkable within 15 minutes or under 2 km in parameter; or,*
- *Include up to 5 connected streets; or,*
- *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.*

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 provide Name, Home Address, and either Email or Phone Number for all members. If you would like information materials to share with your neighbours while communicating about the Neighbourhood Association, please reach out to CSWO@brampton.ca. Note: The information provided in this section is for internal CSWO staff use only.

	Name	Home Address	Email or Phone Number
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
I confirm that all members above have understood the purpose of collecting their contact details and have given their consent to do so.			<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.

Project(s)

Please note that the projects dates and location provided will be deemed to be confirmed. If there are any changes after you submit your application, you must inform CSWO within 2 weeks of the change. If you are proposing to complete more than two projects, please submit Additional Project Worksheet with your application. Insurance coverage will be applied only to the projects mentioned in this application.

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

Project Start Date:	
Project End Date:	
Project Location:	

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

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 (select all that apply).

Below you can find a list of additional examples of projects.

<input type="checkbox"/> Litter clean-up	<input type="checkbox"/> Pop-up libraries	<input type="checkbox"/> Street barbeques
<input type="checkbox"/> Graffiti removal	<input type="checkbox"/> Garage sales	<input type="checkbox"/> Youth engagement
<input type="checkbox"/> Flower planters in public spaces	<input type="checkbox"/> Adopt-a-park	<input type="checkbox"/> Initiatives
<input type="checkbox"/> Movie nights	<input type="checkbox"/> Donation drives	<input type="checkbox"/> Access to space
<input type="checkbox"/> Public bench dedication	<input type="checkbox"/> Fall fair	<input type="checkbox"/> Dog and/or pet related community parties
<input type="checkbox"/> Painted waste receptacles information boards	<input type="checkbox"/> Painted trails	<input type="checkbox"/> Community fitness events
<input type="checkbox"/> Wellness workshop	<input type="checkbox"/> Multi-purpose court artwork	<input type="checkbox"/> Learning events
	<input type="checkbox"/> Street parties	<input type="checkbox"/> Other, please identify: _____
	<input type="checkbox"/> Yoga in the park	

About the Project: What is the project about? (For example, what is the goal of the project and why you want to implement this project?)

Plan of Action: What will you do to make sure the project can be implemented?**How will you measure your project success? (For example, what metrics are you collecting?)****What do you hope to accomplish and what impact will your project have on your neighbourhood?****Have you done something similar in the past?** Yes No*If yes, tell us more:*

b) Project 2 (Optional)

Project Start Date:	
Project End Date:	
Project Location:	

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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 (select all that apply).

Below you can find a list of additional examples of projects.

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	<input type="checkbox"/> Street parties	<input type="checkbox"/> Other, <i>please identify:</i>
	<input type="checkbox"/> Yoga in the park	

About the Project: What is the project about? (For example, what is the goal of the project and why you want to implement this project?)

(Large empty box for writing)

Plan of Action: What will you do to make sure the project can be implemented?

(Large empty box for writing)

How will you measure your project success? (For example, what metrics are you collecting?)

What do you hope to accomplish and what impact will your project have on your neighbourhood?

Have you done something similar in the past?

Yes

No

If yes, tell us more:

4. Budget Worksheet

If your project requires funding, applicants are required to submit this section with estimated costs for spending the Nurtured Neighbourhood Grant. You will be required to keep receipts for all spending, to be submitted with the Close-Out Report after project completion.

a) Project 1

Project Name:	
Expense Items	Estimated Cost (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Estimated Cost

\$ _____

b) Project 2 (Optional)

Project Name:	
Expense Items	Estimated Cost (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Estimated Cost

\$ _____

5. Consent

This section is applicable **only to the Main Point of Contact** and if this application is successful.

a) Consent to display name on city website

To increase the visibility and awareness of your Neighbourhood Association, the Community Safety and Well-Being Office would like to list your association's name, location, and Main Point of Contact's name on the City of Brampton's website. The purpose is to ensure awareness, encourage engagement, and make Neighbourhood Associations accessible to the community.

<input type="checkbox"/> I, _____ consent to the City of Brampton displaying my full name alongside the name and location of our Neighbourhood Association on the City's website.	<input type="checkbox"/> I, _____ do not consent to the City of Brampton displaying my full name alongside the name and location of our Neighbourhood Association on the City's website.
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b) Consent to share contact information with Ward Councillor

The City of Brampton's Community Safety and Well-Being Office (CSWO) would like to share the Main Point of Contact's name, phone number, and email address with the local Ward Councillor(s) for your area. This is to foster communication, support, and collaboration between elected representatives and Neighbourhood Associations.

<input type="checkbox"/> I, _____ consent to the City of Brampton CSWO's to share my name and email address with the Ward Councillor(s) representing my neighbourhood.	<input type="checkbox"/> I, _____ do not consent to the City of Brampton CSWO's to share my name and email address with the Ward Councillor(s) representing my neighbourhood.
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6. Completion

Upon completion of this application, 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. **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.