

WE WANT TO HEAR FROM YOU!

GENERAL INFORMATION

First Name: _____

Last Name: _____

Email: _____

Are you a resident or property owner in

Bloomfield: _____

If yes please provide address:

How many people live in your residence?

I am a Town of Bloomfield
(Please select all that apply)

☐ Business Owner ☐ Student ☐ Landlord
☐ Renter/Tenant ☐ Homeowner ☐ Employee
☐ Non-Profit ☐ Parent/Guardian
☐ Other: _____

DEMOGRAPHIC INFORMATION

Sex: (Please select all that apply)

☐ Prefer Not to Answer ☐ Transgender

☐ Non-Binary ☐ Male ☐ Female

Age: _____

Race: (Please select all that apply)

☐ Black or African-American

☐ American Indian or Alaska Native ☐ Asian

☐ Native Hawaiian or Pacific Islander ☐ White

Ethnicity:

☐ Hispanic ☐ Not Hispanic ☐ Prefer Not to Answer

MISCELLANEOUS QUESTIONS

What would help make Bloomfield the best town it could be.

AMERICAN RESCUE PLAN ACT (ARPA) QUESTIONS

I understand that the ARPA funding can only be used for purposes specified by the U.S. Treasury:
___ Yes ___ No

PLEASE RANK BETWEEN 0 TO 10

(0 - Not Likely to 10 Extremely Likely)

a. How Likely are you to support the use of ARPA funds to Replace Lost Government Revenues & Provide Key Services? Score (0 - 10): _____

b. How likely are you to support the use of ARPA funds to Address Negative Economic Impacts? Score (0 - 10): _____

c. How likely are you to support the use of ARPA funds to Address the Public Health Response? Score (0 - 10): _____

d. How likely are you to support the use of ARPA funds to Provide Premium Pay to Essential Workers? Score (0 - 10): _____

e. How likely are you to support the use of ARPA funds for Broadband Infrastructure Projects? Score (0 - 10): _____

f. How likely are you to support the use of ARPA funds for Water and Sewer Infrastructure Projects? Score (0 - 10): _____

MISCELLANEOUS QUESTIONS

Please explain how you were impacted by COVID-19.