

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/Gaurdian
 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 Infrastrcuture Projects? Score (0 - 10): _____

MISCELLANEOUS QUESTIONS

Please explain how you were impacted by COVID-19.