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

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.

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