



*imagine bloomfield*

# Needs Assessment

## 1. About you...

Your name / association / company \_\_\_\_\_

Contact info

email: \_\_\_\_\_

phone: \_\_\_\_\_

mailing address: \_\_\_\_\_

\_\_\_\_\_ postal code \_\_\_\_\_

Which best describes your business or association? (select one)

for profit    non-profit    social enterprise

What is your group's main purpose? (provide details)

cultural \_\_\_\_\_

community association \_\_\_\_\_

housing \_\_\_\_\_

commercial \_\_\_\_\_

other \_\_\_\_\_

Do you have a formal business plan that could be incorporated into a facilities plan for Bloomfield?  yes    no

How many people work with your group? employees \_\_\_\_\_

volunteers \_\_\_\_\_

Do you currently pay rent?  yes    no

If yes, how much rent do you pay? \_\_\_\_\_

## 2. What do you need?

Are you interested in being located at the Bloomfield site?  yes    no

If no, what is your interest in this project? \_\_\_\_\_

(from this answer please skip to section 3 on ownership/management)

If yes, what are your needs/wants at Bloomfield?

Square footage: \_\_\_\_\_

Parking spaces: \_\_\_\_\_

Bike parking space: \_\_\_\_\_

Special needs: \_\_\_\_\_

Are you interested in sharing? (select all that apply)

meeting space                       reception services

office equipment                       kitchen

outdoor space                       storage

performance/exhibition areas

other: \_\_\_\_\_

## 3. How would you like *Bloomfield* to be owned and managed?

Who should own Bloomfield?

HRM

Social enterprise / non-profit community association

Private

Combination or other (provide details)

Who should manage Bloomfield?

HRM

Social enterprise / non-profit community association

Private

Combination or other (provide details)

## 4. Additional comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Confidentiality clause

Are you willing to have this information shared as part of a market/needs assessment?

yes                       no

Signature: \_\_\_\_\_

*Thank you for providing us with this information*

Please send completed form to:

Ann Pocket

2024 Maynard Street

Halifax, Nova Scotia

B3K 3T2

or email it to

imaginebloomfield@gmail.com