

# Weber County – TTAB Legacy Grant Application

DUE BY: March 1st, 2024

## ORGANIZATION INFORMATION

Name of Entity: \_\_\_\_\_

\_\_\_\_\_

Address City State Zip

Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is Entity Incorporated: Yes No NPO: Yes No

Federal Tax ID Number: \_\_\_\_\_

Please Provide Official Mission Statement or Purpose of your Organization

## EVENT

Event Name: \_\_\_\_\_

How are sponsors recognized, and what are the sponsorship levels?

Cost to Participate: Yes No If yes, how much? \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

Funds Requested from TTAB: \_\_\_\_\_ Total Cost of Event: \_\_\_\_\_

Would You Accept Partial Funding:                      Yes                      No

Brief Summary of Event:

What is the requested money being used for?

Provide the following data for Economic Impact:

Total Number of Persons Attending: \_\_\_\_\_ Total Number of Days Lodging: \_\_\_\_\_

Food & Beverage Cost: \_\_\_\_\_ Venue Rental Cost: \_\_\_\_\_

Single Year Event:                      Yes                      No (if no, indicate potential):

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

Facility Location of Event:

New Event to Weber County:                      Yes                      No

Provide a brief explanation of the Media Impact:

Signature: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Submit any documents (flyers, photos, letters of support from other organizations, etc.) that may help the committee best understand the event.*