

# TTAB Legacy Grant Final Report

Event Name:

Event Organization:

Contact Name:

Contact Phone:

Grant Funds Requested:

Grant Funds Received:

Do you feel your event was successful? Please explain why or why not:

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|  |
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Do you anticipate to continue this event?

|  |
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|  |
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Fill in the chart with whatever information you have available to you:

|                                 | Estimated | Actual |
|---------------------------------|-----------|--------|
| Number of rooms occupied        |           |        |
| Average cost of those rooms     |           |        |
| Number of attendees             |           |        |
| Meeting space rental and/or F&B |           |        |

### Attach any recognition from TTAB

For TTAB Use:

|                       |  |  |
|-----------------------|--|--|
| Total Economic Impact |  |  |
| ROI                   |  |  |
| Comments:             |  |  |
|                       |  |  |