

Weber County – TTAB Legacy Grant Application

DUE BY: March 1st, 2026

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.