Weber County – TTAB Legacy Grant Application DUE BY: April 1, 2023

ORGANIZATION INFORMATION Name of Entity: ______ Address State City 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: _____

No

If yes, how much? _____

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

Cost to Participate: Yes

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:			
NA/hatiatha wa wa ata dana wa wa kaisa wa	l - E - 112		
What is the requested money being use	ea tor:		
Provide the following data for Economi	c Impact:		
Total Number of Persons Attending:	Tota	l Number of Days L	odging:
Food & Beverage Cost:	Venue Rer	ntal Cost:	
Single Year Event: Yes	No (if r	no, indicate potentia	ıl):
Facility Location of Event:			
New Event to Weber County:	Yes	No	

Provide a brief explanation of the Media Impa	act:
Signature:	_ Title/Position:
Today's Date:	-
Submit any documents (flyers, photos, letters of supporting committee best understand the event.	ort from other organizations, etc.) that may help