## Weber County – TTAB Legacy Grant Application DUE BY: March 1st, 2025

## ORGANIZATION INFORMATION

| Name of Entity:           |                |            |             |                  |         |  |
|---------------------------|----------------|------------|-------------|------------------|---------|--|
| Address                   | City           |            | <br>State   |                  | <br>Zip |  |
| Contact Person:           | Person:        |            |             | _Title/Position: |         |  |
| Phone:                    |                | _ Email: _ |             |                  |         |  |
| Alternate Contact:        |                |            | _ Phone: _  |                  |         |  |
| Is Entity Incorporated:   | Yes            | No         | NPO:        | Yes              | No      |  |
| Federal Tax ID Number:    |                |            |             |                  |         |  |
| Please Provide Official N | ∕lission State | ment or F  | Purpose of  | your Organi      | zation  |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
| EVENT                     |                |            |             |                  |         |  |
| Event Name:               |                |            |             |                  |         |  |
| How are sponsors recog    | nized, and w   | hat are th | ne sponsors | ship levels?     |         |  |
|                           |                |            |             |                  |         |  |
|                           |                |            |             |                  |         |  |
| Cost to Participate:      | Yes            | No         | If v        | es. how mu       | ch?     |  |

| Event Start Date:  | Event End                            | Date:                 |          |  |  |  |
|--|--------------------------------------|-----------------------|----------|--|--|--|
| Funds Requested from TTAB:                                       |                                      | Total Cost of Event   | ··<br>·· |  |  |  |
| Would You Accept Partial Funding:                                | Yes                                  | No                    |          |  |  |  |
| Brief Summary of Event:  |                                      |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
| NA/hatiatha wa wa ata duna wa wa kaisa wa                        | l - E ·· · · · · · · · · · · · · · · |                       |          |  |  |  |
| What is the requested money being use                            | ea tor:                              |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
|  |                                      |                       |          |  |  |  |
| Provide the following data for Economi                           | c Impact:                            |                       |          |  |  |  |
| Total Number of Persons Attending: Total Number of Days Lodging: |                                      |                       |          |  |  |  |
| 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 |