

2023-2025 Competitive Grants Program

Oregon Tourism Commission

Overview: Eligibility

Important note:

Please be sure the contact information in your profile is current for both you and your organization. Please **email the grants team** for assistance, if needed.

After submitting the Letter of Intent form (LOI), approved entities will be invited to complete the online application. Please review Section V. Review of Applications; Decision to Award in the [Grant Guidelines](#).

As you work on this LOI, you can save a draft and come back to finish your work before the submission deadline. To do so, click “save” at the bottom right-hand side of the form. When you return to the application portal you will see a draft LOI on your dashboard, to continue with the application, click “Edit”.

Direct additional questions to grants@traveloregon.com. Questions and responses will be publicly posted to the program [FAQ page](#).

Grant Project Contact*

First and Last Name

Character Limit: 250

Grant Project Contact Email Address*

Character Limit: 254

Grant Project Contact Phone Number*

Daytime Phone Number (include only number and no symbols)

Character Limit: 200

Entity Verification*

Select the entity type that accurately describes your organization.

*****If you are unsure of your eligibility, please email grants@traveloregon.com prior to completing this application.**

Choices

Federally-recognized tribe

Local government
Non-profit entity registered with the Oregon Secretary of State's Office
Port district

Name of Federally Recognized Tribe

Character Limit: 100

Nonprofit Entity Type

Please confirm and select your non-profit entity type.

Choices

501(c)(1)
501(c)(3)
501(c)(4)
501(c)(6)
Other

Secretary of State Registration

Confirm your nonprofit entity is currently registered with the Oregon Secretary of State's Office:

Choices

Yes
No

Tourism Region*

Select the tourism region(s) your grant project impacts:

Choices

Central Oregon
Eastern Oregon
Mt. Hood/Gorge
Oregon Coast
Portland Region
Southern Oregon
Willamette Valley
Statewide

Project Name*

Character Limit: 100

Grant Amount Requested*

Please reference page 5 of the Grant Guidelines - III. FUNDING to ensure your request is within the allowable funding range.

Character Limit: 20

Total Overall Project Cost*

Character Limit: 20

Project Category*

Please note, you may not change the project category if you are invited to complete a full application.

Choices

Accessible/Inclusive Tourism Promotion

Enhancement and/or expansion of tourism infrastructure to be more accessible/inclusive

Other (please enter below)

Other - Project Category

Character Limit: 250

Project Description*

Describe the project for which funding is requested

Character Limit: 3000

Travel Oregon's biennial strategic priorities*

The following are Travel Oregon's biennial strategic priorities. Please select which of the following your project is aligned with or addresses. **Select all that apply**

- **STRATEGY 1** - Reduce high visitation pressures and increase community livability by investing in the development of niche tourism product that is based on growing visitor demand and Oregon's competitive advantage (e.g., outdoor recreation, culinary, agritourism, arts and culture)
- **STRATEGY 2** - Expand opportunities for residents and tourism stakeholders to actively engage and collaborate in destination management processes; provide timely feedback loops
- **STRATEGY 3** - Align and support communications across the tourism industry to improve visitor behaviors and experiences with timely information, responsible recreation practices and respect for all communities
- **STRATEGY 4** - Support the development of new and existing tourism-related facilities and products (e.g., visitor experiences, attractions, and public spaces) to better serve historically and currently underserved and under-resourced communities.

Choices

STRATEGY 1

STRATEGY 2

STRATEGY 3

STRATEGY 4

None of the above

Permitting*

All required permits for this project have been secured.

Choices

Yes

No

n/a – project does not require permitting

Affirmation*

If awarded funding, the project will be completed by **April 14, 2025**:

(NOTE: Travel Oregon will not authorize timeline extensions for these projects. If an awarded project is not complete by **April 14, 2025**, any unspent funds must be returned to Travel Oregon and no further disbursement of remaining funds will occur).

Choices

Yes

No

Supporting Documents

Proof of Federal Tax ID*

[Travel Oregon Substitute Federal W-9 Form](#)– The following fields must be filled for the form to be considered complete:

- Box 1 – First and Last Name
- Box 2 – Business Name
- Box 3 – Check appropriate box for tax classification (see Part III for instructions)
- Box 4 & 5 – Mailing Address
- Part II – EIN
- Part IV – Signature and date are required

*****Note: The address on this form will be used to mail awarded funds.**

PLEASE SELECT YOUR TAX CLASSIFICATION FIRST TO REVEAL THE FILLABLE FIELDS YOU NEED TO COMPLETE. (10Mbs maximum)

File Size Limit: 10 MB

Proposal Budget*

Project budget ([must be completed on required form](#)).

File Size Limit: 5 MB

LOI RESPONSES AND INFORMATION CANNOT BE EDITED IF YOU ARE APPROVED TO COMPLETE THE FULL APPLICATION.