VILLAGE OF LOMBARD REQUEST FOR BOARD OF TRUSTEES ACTION

For Inclusion on Board Agenda

<u>X</u>	Resolution or Ordinance (Blue) Waiver of First Requested Recommendations of Boards, Commissions & Committees (Green) Other Business (Pink)
TO:	PRESIDENT AND BOARD OF TRUSTEES
FROM:	Scott Niehaus, Village Manager
DATE:	November 22, 2022 (B of T) Date: December 1, 2022
TITLE:	Local Hotel Relief Program Grant Recommendation SureStay Plus Hotel by Best Western
SUBMITTED BY:	Nicole Aranas, Assistant Village Manager
BACKGROUND/PO	LICY IMPLICATIONS:
Tourism Committee	information regarding a recommendation from the Community Promotion and for approval of funding to the SureStay Plus Hotel by Best Western towards hotel and its. The Committee is recommending approval of a Local Hotel Relief Program grants \$20,293.33.
Please place this item	on the consent agenda for the December 1, 2022, Board of Trustees meeting.
Review (as necessary)):
Village Attorney X	Date
Finance Director X Village Manager X	Date
village ividilagei A	Date
NOTE: All materials	must be submitted to and approved by the Village Manager's Office by 12:00 noon,

Wednesday, prior to the Agenda Distribution.



MEMORANDUM

TO:

Scott Niehaus

Village Manager

FROM:

Nicole P. Aranas

Assistant Village Manager

DATE:

November 22, 2022

SUBJECT:

SureStay Plus Hotel by Best Western Local Hotel Relief Grant Application

Community Promotion & Tourism Committee Recommendation

The following is a recommendation from the Community Promotion & Tourism for funding through the Local Hotel Relief Grant Program in the amount of \$20,293.33 in connection with capital improvements and support for safety and security improvements.

The Local Hotel Relief Grant Program was approved by the Village Board of Trustees earlier this year to provide supportive funding and grants to support local tourism and local hotel relief.

GRANT REQUEST

SureStay Plus Hotel by Best Western has requested a grant in the amount of \$20,293.33 for use towards capital improvements and support for safety and security improvements. The hotel is seeking grant money to upgrade rooms, upgrade the CCTV system for safety and security, and purchasing equipment for laundry facilities and housekeeping. SureStay Plus Hotel has 127 rooms and the grant request amounts to \$159.79 per room.

GRANT REVIEW

The grant application materials are attached and include a copy of the DuPage County Hotel Relief Grant application which is being administered in tandem with the local Lombard program. The Community Promotion and Tourism Committee met to review the proposed grant application on November 2, 2022.

RECOMMENDATION

The Community Promotion & Tourism Committee recommended approval of a grant in the amount of \$20,293.33 to the SuireStay Plus Hotel to be used towards hotel improvements. The grant program provides that recommendations from the Community Promotion & Tourism Committee are to be transmitted to the Village Board of Trustees for review and final approval.

If approved, the grant will be administered as a reimbursement grant. Local hotels will have until December 31, 2023 to complete improvements and seek reimbursement for grant qualified expenses.

Please place this item on the consent agenda of the December 1, 2022 Board of Trustees Meeting. If you have any questions, please feel free to contact me. Thank you.

Hotel Name:	SureStay Plus Hotel by Best Western	Hotel Ownership Group:	LombardGold Hospitality LLC
Contact Name:	Randy Cline	Title:	General Manager
Phone:	630-916-9000	Email:	Gm.surestaylombard@gmail.com
Number of Hatel Rooms:	127	Total Amount of Grant Request:	\$20293.33

My hotel	is seeking grant funds for the following eligible grant expenses (check all that apply):
×	Support for capital improvements to the hotel
	Funds to incentivize group business through grant awards or rebates
Ø	
0	Funded promotions or incentives to provide hotel guests with incentive to stay (vouchers, cash rebates gift cards, or tickets to attractions)
	Support for other improvements to hotel facilities or other services
	Funds to support industry memberships or attendance at trade show
Please prov	vide a description of the expenses proposed to be covered by this grant and explain how one or more of the ria apply.
Upgrade ro	oms, invest in purchasing equipments for Housekeeping and laundry facilities. Upgrade CCTV system for security.

Please confirm the following:

- I have completed an application for the DuPage County Hotel Relief Grant Program and the completed application form is attached.
- I understand that the Lombard Local Hotel Relief Grant Program is intended to be a reimbursement grant and that reimbursement from the Village will be made only upon proof of payment for the amount of actual expenses incurred. Any request for advance of grant funds must be made to the Village under separate cover.
- Upon approval of grant funds by the Village, eligible expenditures will be made by the hotel no later than December 31, 2023.

Please submit completed application form and copy of DuPage County Hotel Relief Grant Application to Nicole Aranas, Assistant Village Manager, aranasn@villageoflombard.org by January 31, 2023.

Hotel Ownership Group / Name: LOM 13 AK DGOLD + 105 YI 1 ALTIY LLC (must match W9)

Eligible Property located in DuPage County, please list using hotel's full name:

Property Name

Street Address

State

Zip Code

SURESTAY PLUS HOTEL 222 E 21 STREET LOMBARD IL 60148

Number of Hotel Rooms: 127

GRANT ATTESTATION

In accordance with applicable provisions of the Federal American Rescue Plan Act (ARPA) and grant announcement provisions, the applicant certifies the following:

Yes	No.	10.000
1/	i i	The applicant is a sole proprietorship, partnership, corporation, limited liability company or joint venture that owns and operates one or more lodging properties in DuPage County.
		The applicant operates a hotel in DuPage County under a license issued by the Illinois Department of Revenue.
/	*** ***	The applicant, if registered with the State of Illinois, is in good standing, organized, registers, or qualified by the date of the grant issuance.
/	\$.	The applicant does not have any current tax delinquency owed to the Illinois Department of Revenue, the Illinois Department of Commerce & Economic Opportunity, or the Illinois Office of Tourism at the time of application.
/		The applicant has been in operation on or before March 3, 2021.
		The applicant has suffered lost revenue or incurred additional expenses at its eligible property within DuPage County due to the COVID-19 public health emergency between March 1, 2020 and June 11, 2021.
		All expenses and lost revenues that have been or will be incurred were not reimbursed and are not under consideration for reimbursement under another program, with the exception of the state illinois Hotel & Lodging Association program earmarked for payroll, benefits and bonuses.
		Funds received under this program will be used for qualified expenses at the property level to assist in recovering transient, business, group travel or guest experience.
1		Applicant agrees to maintain records for at least 7 years which indicate that the expenses to which the funds were applied were ARPA eligible expenses.
1		The information submitted is truthful and accurate to the best of the applicant's knowledge
1		in the event that the United States' Federal Government, or its designee, determines that the grant funds subject to this agreement were used for an ineligible purpose under ARPA, the grant recipient agrees to return the funds to the County of DuPage.

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the DuPage County Hotel Relief Program application form, including all attestations, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization's behalf. **Applicant Signature:** Print Name: **Applicant Title:** Applicant Email: Hotel Ownership Mailing Address: Name: Address: City, State & Zip Hotel Ownership Contact Information (if different than applicant information above): Name: Email: All fields are required for application to be considered complete. RETURN COMPLETED FORM ALONG WITH COMPLETED W9 BY SEPTEMBER 30, 2022 TO: application adupagehotelrelief.com

FOR QUESTIONS:

Please email application@dupagehotelrelief.com

Applicant Authorized Representative

Or call Noonie Aguilar DCVB Director of Sales (630) 575-8070 x207

Surestay Plus Ho	tel by Ben	+ Wen	ten	le:	
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3. I am a U.S. citizen or other U.S. person (defined below); and					
4. The FATCA code(s) entered on this form (if any) indicating that I am exe	ampt from FATCA reporting	s correct			
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after they were published, go to www.irs.gov/FormW9. Purpose of Form	• Form 1099-S (proceed	is from real ex	state to	ansacti	ions),
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