

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 Hotel 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 hotel promotions and marketing
- Support for capital improvements to the hotel
- Funds to incentivize group business through grant awards or rebates
- Support for safety and security improvements
- 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 provide a description of the expenses proposed to be covered by this grant and explain how one or more of the above criteria apply.

Upgrade rooms, invest in purchasing equipments for Housekeeping and laundry facilities. Upgrade CCTV system for safety and 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: LOMBARD GOLD HOSPITALITY LLC
 (must match W9)

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

Property Name	Street Address	City	State	Zip Code
SURESTAY PLUS HOTEL	222 E 22 nd 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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The applicant operates a hotel in DuPage County under a license issued by the Illinois Department of Revenue.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The applicant, if registered with the State of Illinois, is in good standing, organized, registers, or qualified by the date of the grant issuance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The applicant has been in operation on or before March 3, 2021.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The information submitted is truthful and accurate to the best of the applicant's knowledge.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.

Applicant Authorized Representative

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: Randy Cline Date: 8-3-2022
Print Name: Randy Cline
Applicant Title: General Manager
Applicant Email: gm.surestaylombard@gmail.com

Hotel Ownership Mailing Address:

Name: LOMBARDGOLD HOSPITALITY LLC
Address: 222 E 22nd STREET
City, State & Zip: LOMBARD IL 60148

Hotel Ownership Contact Information (if different than applicant information above):

Name: Same as above
Email: _____

All fields are required for application to be considered complete.

RETURN COMPLETED FORM ALONG WITH COMPLETED W9 BY SEPTEMBER 30, 2022 TO:
application@dupagehotelrelief.com

FOR QUESTIONS:

Please email application@dupagehotelrelief.com

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

Surestay Plus Hotel by Best Western

Print or type.
See Specific Instructions on page 3.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
222 E 22nd Street

6 City, state, and ZIP code
Lombard IL 60148

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

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OR

Employer identification number

4	6	-	2	1	9	9	7	9	1
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ 

Date ▶ 8-3-22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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 S Corporation
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Social security number

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OR

Employer identification number

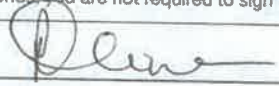
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Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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