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

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

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 (SAK DGOLU HOSYITALITY 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 22hd 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	
~	-	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.
V		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.
V		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.
		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.
		The information submitted is truthful and accurate to the best of the applicant's knowledge.
		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.

contained in the DuPa true, accurate and com	ge County Hotel Relief Program application form, including all attestations, is applete. The undersigned has authority to make the above attestations and the rization to agree to them on the organization's behalf.
Applicant Signature:	Pline Date: 8-3-2022
Print Name:	Kandy Cline
Applicant Title:	Kandy Cline General Manager
Applicant Email:	Im. surestaylombard@gmail. a
Hotel Ownership Maili	ng Address:
Name:	LOMBARDGOLD HOSPITALITY LIC
Address:	222 E 221d STREET
City, State & Zip	LOMBARD 1L 60148
Hotel Ownership Conta	ct Information (if different than applicant information above):
Name:	Same as above
Email:	
All fields are required for	or application to be considered complete.
RETURN COMPLETED FO application@dupagehot	ORM ALONG WITH COMPLETED W9 BY SEPTEMBER 30, 2022 TO: celrelief.com
FOR QUESTIONS:	@dupagehotelrelief.com
Or call Noonie Aguilar	C MANAGEMENT CHERLOTT

The signatory below certifies that, to the best of his/her knowledge and belief, the information

L. Com

Applicant Authorized Representative

DCVB Director of Sales (630) 575-8070 x207

Surestay Plus Ho	It by her we	OLULU .
3 Check appropriate box for federal tax classification of the person who following seven boxes. 5 Individual/sole proprietor or C Corporation S Corporation		certain entities, not individuals; se instructions on page 3):
single-member LLC	pration (L) Trust	/estate
Limited liability company. Enter the tax classification (C=C corporate	ion, S=S corporation, P=Partnership)	Exempt payee code (if any)
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8 222 E 22hq Street		
Lambard Il 60148		
7 List account number(s) here (optional)		
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3 Check appropriate box for federal tal classification of the person whose following seven boxes.			
Individual/sole proprietor or			4 Exemptions (codes apply only certain entities, not individuals; sinstructions on page 3):
single-member LLC	ration	Trust/estate	R. 1
Limited liability company. Enter the tax classification (C=C corporate	on S=S compretion P=Porton	mhini h	Exempt payee code (if any)
The check appropriate box for federal tal Classification of the person whos following seven boxes. Individual/sole proprietor or C Corporation S Corpor single-member LLC Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classified. LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal is disregarded from the owner should check the appropriate box for Corporation See instructions. Address (number, street, and apt. pr suite no.) See instructions.	cation of the single-member or led from the owner unless the o	mer. Do not check owner of the LLC is	Exemption from FATCA reporting code (if any)
Other (see instructions)			(Applies to accounts maintained outside the U
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	nd address (optional)
6 City, state, and ZIP code			
Lombard Il 60148			
7 List account number(s) here (optional)			
(1) (-)			1 1
Part Taxpayer Identification Number (TIN)			
inter your TIN in the appropriate box. The TIN provided must match the	name diven on line 1 to avo	id Social soci	rity number
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ntitles, it is your employer identification number (EIN). If you do not have			
- 4 10001		OF	
tote: If the account is in more than one name, see the instructions for linfumber To Give the Requester for guidelines on whose number to enter,	e 1. Also see What Name a	nd Employer is	dentification number
on whose number to enter.		1,1	1 100 701
Part II Certification	LAG HE ST	46 -	4 1 1 7 1 9 1
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no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and			
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