



## VILLAGE OF LOMBARD

### Local Hotel Relief Grant Program

### Application Form

Hotel Name:	The Westin Chicago Lombard	Hotel Ownership Group:	Lombard Public Facilities Corp.
Contact Name:	Kym Myers	Title:	General Manager
Phone:	630 719 8020	Email:	kym.myers@marriott.com
Number of Hotel Rooms:	500	Total Amount of Grant Request:	\$79,895

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.

The hotel is looking to address façade repairs with current leaking issues where we have 30+ rooms affected with water damage.

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](mailto:aranasn@villageoflombard.org) by January 31, 2023.

# DUPAGE COUNTY HOTEL RELIEF PROGRAM

## Application and Attestation Form



PLEASE PRINT OR TYPE USING ADOBE'S FILL & SIGN FUNCTION

Hotel Ownership Group / Name: Lombard Public Facilities Corporation

(must match W9)

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

Property Name	Street Address	City	Number of Rooms
The Westin Chicago Lombard	70 Yorktown Center	Lombard	500

### 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	
X		The applicant is a sole proprietorship, partnership, corporation, limited liability company or joint venture that owns or operates a lodging property in DuPage County.
X		The applicant operates a hotel in DuPage County under a license issued by the Illinois Department of Revenue.
X		The applicant, if registered with the State of Illinois, is in good standing, organized, registers, or qualified by the date of the grant issuance.
X		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.
X		The applicant has been in operation on or before March 3, 2021.
X		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.
X		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.
X		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.
X		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.
X		The information submitted is truthful and accurate to the best of the applicant's knowledge.
X		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.

**DUPAGE COUNTY HOTEL RELIEF PROGRAM**  
**Application and Attestation Form**



**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: Virginia Minnich Date: 8/24/22

Print Name: Virginia Minnich

Applicant Title: Director of Finance

Applicant Email: virginia.minnich@westin.com

**Hotel Ownership Mailing Address:**

Name: Lombard Public Facilities Corporation

Address: 20 N. Wacker Drive, Suite 1660

City, State & Zip Chicago, IL 60606-2903

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

Name: Maria Cheng

Email: mcheng@MCHadvisory.com

**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](mailto:application@dupagehotelrelief.com)

**FOR QUESTIONS:**

Please email [application@dupagehotelrelief.com](mailto:application@dupagehotelrelief.com)

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