

DUPAGE COUNTY HOTEL RELIEF PROGRAM
Application and Attestation Form



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

Hotel Ownership Group / Name: _____
 (must match W9)

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

Property Name **Street Address** **City** **State** **Zip Code**

Number of Hotel Rooms: _____

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.
		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.
		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.

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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: _____ Date: _____

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@dupagehotelrelief.com

FOR QUESTIONS:

Please email application@dupagehotelrelief.com

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