

For Internal Use Only

Approved : Amount: Date: Yes No

Tenant Improvement Program Application

1. APPLICANT INFORMATION:

Name of Company:		Contact:				
Address:	Title:					
City:	Phone:					
7im		Email:				
Zip:			Emaii:			
2. COMPANY INFORMATION:						
Provide a brief description of your company below:						
Number of Years Operating in Riverside:						
Number of Employees:						
North American Industry Classification Code (NAICS):						
3. PROJECT DESCRIPTION						
Clearly describe how you plan on utilizing the High Technology Tenant Improvement Grant:						
, , , , , , , , , , , , , , , , , , ,						
Requested Amount*:		Total Cost of			provements:	
Total Cost of Improvements.						
TO THE BEST OF MY KNOWI		Signature:				
ALL DATA IN THIS APPLICATE CORRECT. I UNDERSTAND T	HAT	Print Name:				
SMARTRIVERSIDE RESERVE REJECT GRANTS TO COMPA						
FALL WITHIN THE ELIGIBILITY REQUIREME OR THOSE COMPANIES THAT DO NOT REPRE			Title:			
A TECHNOLOGY USE. ALL G AWARDED AS REIMBURSEM	GRANTS WILL BE		Date:			

^{*}Subject to Available Funding