



For Internal Use Only		
Approved :	Yes	No
Amount:		
Date:		

Employee Relocation Program Application

1. APPLICANT INFORMATION:

Name of Company:		Contact:	
Address:		Title:	
City:		Phone:	
Zip:		Email:	

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. RELOCATION INFORMATION

Reason for Relocation:					
Previous Address:		Own/Rent		Years in Previous Residence	
New Riverside Address:		Phone Number:		Date Purchased	
Requested Amount*:					

TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT SMARTRIVERSIDE RESERVES THE RIGHT TO REJECT GRANTS TO COMPANIES THAT DO NOT FALL WITHIN THE ELIGIBILITY REQUIREMENTS OR THOSE COMPANIES THAT DO NOT REPRESENT A TECHNOLOGY USE. ALL GRANTS WILL BE AWARDED AS REIMBURSEMENTS ONLY	Signature:	
	Print Name:	
	Title:	
	Date:	

**Subject to Available Funding*