



Marihuana Operation and Oversight Grants

2024 Grant Application

Authority: Michigan Medical Marihuana Act
2008 IL 1, Section 6(I), MCL 333.26426

This application must be submitted to the Cannabis Regulatory Agency via email on or before 11:59pm on **January 1, 2024**.

Email completed application to: CRA-MOOG@michigan.gov

Section I: Grant Applicant Information

Applicant (County Name)

SIGMA Vendor Customer ID No.

Mail Code

Section II: Grant Administrator Information

Name

Title

Address

Suite/Room

City

Zip Code

Area Code/Telephone Number

Email Address

Section III: Description of Grant Program

Funds must be used for education, communication, and outreach regarding Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430 and the Michigan Regulation and Taxation of Marihuana Act, 2018, IL 1, MCL 333.27951 to 333.27967. On county letterhead, submit your proposal that includes the items listed below:

- Describe the project(s) for which funds are requested with an implementation plan.
- Describe the impact these funds will have on the community and what you hope to accomplish.
- Explain how funds will be used to coordinate efforts with other agencies, and/or how these funds will be combined with other funding to complete the project, if necessary.
- Explain anticipated outcomes that will result from this grant.



Section III: Description of Grant Program (Cont'd.)

Submit a detailed budget (template attached) showing how the requested funds will be expended.

- Counties should construct their budget carefully, as budget amendments/adjustments need to be submitted/approved *prior* to spending.
- Counties should continually review their spending to ensure they have enough money within the line item from which they are spending.
- It is **required** that all spending be stopped with enough time remaining for counties to submit their final reimbursement requests and final reports by September 15, 2024. No expenses incurred after September 15, 2024 will be reimbursed.

Section IV: Certification

I certify and agree to report how the grant was expended and to provide a report to the Department of Licensing and Regulatory Affairs, Cannabis Regulatory Agency, no later than September 15, 2024. Due to Legislative requirements, the September 15th due date will be **strictly** enforced. By signing below, I also agree to meet and follow the statutory provisions in which this program was established pursuant to Section 901 of 2022 PA 166.

Signature of County Grant Administrator (Original Signature Required)

Date

Title of County Grant Administrator

Telephone

Contact Information for Person Submitting Application

Name

Title

Email Address

Telephone

Additional Contacts

Name

Email Address

Telephone

Name

Email Address

Telephone