



**Social Equity Grant Program  
Application Instruction Booklet  
Social Equity Program**

## SOCIAL EQUITY GRANT PROGRAM APPLICATION INSTRUCTIONS

The Social Equity Grant Program Application can be found online in a fillable PDF format at the following link:

[Social Equity Grant Program](#)

If you have any questions regarding eligibility or grant instructions, the Social Equity Program can be contacted via telephone, email, or mail at:

**Cannabis Regulatory Agency**  
**Social Equity Program**  
**P.O. Box 30205**  
**Lansing, MI 48909**  
**(517) 284-8599**  
[CRA-SEGrants@michigan.gov](mailto:CRA-SEGrants@michigan.gov)

### Social Equity Grant Program Overview

To participate in the Social Equity Grant Program, an entity must:

- (1) have a valid adult-use license issued by the State of Michigan's Department of Licensing and Regulatory Affairs, Cannabis Regulatory Agency (CRA),
- (2) currently have eligible Social Equity Program participants (approved by the CRA for the program and active in the program) who have majority ownership (over 50%) of the entity
- (3) be a certified participant in the CRA's Social Equity All-Star Program, and
- (4) adhere to all FY 2024 Grant Application terms and conditions. Social Equity Grant Program funds must only be spent on employee education, business needs, and/or community investment.

Only one grant will be awarded per qualifying entity, regardless of how many licenses the entity has. Once it is determined how many applicants meet the criteria for approval, then each approved grantee will receive an equal share of the grant dollars.

## Required Fields

The Social Equity Grant Program Application is a fillable PDF that can be printed or completed on a computer or electronic device. All fields on the application are required to be completed.

### Section I: Social Equity Grant Program Eligibility Criteria

All four criteria must be met by the entity to be part of the Social Equity Grant Program:

#### Section I: Social Equity Grant Program Eligibility Criteria

To participate in the Social Equity Grant Program, an entity must:

1. Have a valid adult-use license issued by the State of Michigan's Department of Licensing and Regulatory Affairs, Cannabis Regulatory Agency (CRA).
2. Currently have eligible Social Equity Program participants (approved by the CRA for the program and active in the program) who have majority ownership (over 50%) of the entity.
3. Be a certified participant in the CRA's Social Equity All-Star Program.
4. Adhere to all FY 2024 Grant Application terms and conditions.

### Section II: Entity Information

In the *Entity Information* section, provide the following information regarding the entity seeking to receive the Social Equity Grant.

#### Section II: Entity Information

*Please provide the following information regarding the entity seeking to receive the Social Equity Grant:*

Entity Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Social Equity Number(s): \_\_\_\_\_

- **Adult-Use Entity Name** as it appears on correspondence with this agency. This could be a DBA.
- **Adult-Use License Number** as it appears on your Step 1 adult-use record. E.g., AU-ER-000001.
- **Social Equity Number** as it appears on the eligibility letter sent by this agency's Social Equity Program. E.g., AU-SEA-000001.

### **Section III: Authorized Signer on Entity's Behalf**

In the *Authorized Signer on Entity's Behalf* section, provide the following information regarding the person authorized to complete the application on the licensed entity's behalf.

<b>Section III: Authorized Signer on Entity's Behalf</b>			
<i>Please provide the following information regarding the person authorized to complete the Social Equity Grant application on the licensed entity's behalf.</i>			
Full Name:			
	<i>First</i>	<i>M.I.</i>	<i>Last</i>
Mailing Address:			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Phone:		Email:	

- **Full Name** of the individual filling out the application.
- **Mailing Address** of the individual filling out the application.
- **Phone Number** of the individual filling out the application.
- **Email address** of the individual filling out the application.

### **Section IV: Social Equity Grant Criteria**

In the *Social Equity Grant Criteria* section, the entity must meet all three of the following criteria. Check each box.

<b>Section IV: Social Equity Grant Criteria</b>
The entity must meet all three of the following criteria.
<input type="checkbox"/> The entity has a valid adult-use license issued by the State of Michigan's Department of Licensing and Regulatory Affairs, Cannabis Regulatory Agency (CRA).
<input type="checkbox"/> The entity currently has eligible Social Equity Program participants (approved by the CRA for the program and active in the program) who have majority ownership (over 50%) of the entity.
<input type="checkbox"/> The entity is a certified participant in the CRA's Social Equity All-Star Program.

- To participate in the Cannabis Regulatory Agency's Social Equity All-Star Program, click [here](#) for instructions.

**Section V: Social Equity Grant Utilization**

In the *Social Equity Grant Utilization* section, select all that apply (Employee Education, Business Needs, and/or Community Investment) and provide a brief summary of how the funds will be spent.

Section V: Social Equity Grant Utilization	
If awarded the Social Equity Grant, funds must only be spent on employee education, business needs, and/or community investment.	
<ul style="list-style-type: none"><li>a. Money spent on employee education may be used for an employee of the entity to take one or more classes or courses that are relevant to the entity’s business from an accredited institution.</li><li>b. Money spent on business needs may be used towards compliance with licensing and regulatory statutes and rules.</li><li>c. Money spent on community investment may be used on or donated to organizations, non-profits, and/or charities that positively impact the community in which the entity is located.</li></ul>	
Select all that apply and provide a <b>summary</b> of how the funds will be spent.	
<input type="checkbox"/> Employee Education	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

**Section VI: Attestation**

In the *Attestation* section, complete the first sentence and provide the signature of the person authorized to complete the application on the licensed entity’s behalf (same person listed in section 3).

Section VI: Attestation	
On behalf of the entity _____, I _____ attest to the fact that all information in this FY 2024 Grant Application is true and factual and the entity, and myself, will adhere to all FY 2024 Grant Application Terms and Conditions.	
The entity and I understand that, if approved for the Social Equity Grant Program, the FY 2024 Grant Application, Mid-Term Status Report, Final Report, and all supporting documentation may be posted publicly to the CRA website.	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <i>Signature</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <i>Date</i>

## Submitting Your Social Equity Grant Program Application

Prior to submitting your application, verify that you have included all the information correctly.

Your application can be submitted by email to the social equity program at:

[CRA-SEGrants@michigan.gov](mailto:CRA-SEGrants@michigan.gov)

If any questions arise while completing the application, please contact us by telephone or email at:

**(517) 284-8599**

[CRA-SEGrants@michigan.gov](mailto:CRA-SEGrants@michigan.gov)