



Resource Authorization Agreement

Authorization

I am interested in providing benefits or services to Social Equity Program participants.

By submitting this form, I consent to share my contact information and information about the services provided by me, my organization, or both, with the Cannabis Regulatory Agency (CRA) and its affiliates that may partner with the Agency in the administration of the Social Equity Program.

I acknowledge that my participation is voluntary and that I may, if contacted, decline to participate.

Disclaimer of Endorsement and Partnership

I hereby acknowledge that neither I nor my organization are endorsed by the CRA or the State of Michigan by making myself and my organization available through the CRA's Business Resource Directory.

My consent to participate as a resource to Social Equity Program participants does not create a partnership with the CRA or State of Michigan nor is my participation exclusive.

This participation does not make any warranty, express or implied, and does not assume any legal liability for the accuracy, completeness, or usefulness of any information provided by me.

Name, title

Organization name

Signature

Date