



**All-Star Program Amendment Form
Instruction Booklet
Social Equity Program**

SOCIAL EQUITY ALL-STAR PROGRAM AMENDMENT INSTRUCTIONS

The All-Star Program amendment can be found online in a fillable PDF format at the following link:

[Social Equity All-Star Program Amendment Form](#)

If you have any questions regarding amendment 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-SocialEquity@Michigan.gov

Social Equity All-Star Program Amendment Overview

The amendment form exists to allow those already participating in the Social Equity All-Star Program to request to amend their social equity plans, corporate spend plans, and/or community reinvestment plans. The amendment review is much like the initial All-Star Program Form review in that the submitted plans are evaluated to determine that they still meet the recognition tier criteria.

The amendment form can be used for both remaining at the current tier and updating those current plans or requesting to advance to a higher tier and submitting new plans to fulfill those recognition tier criteria.

Required Fields

The Social Equity All-Star Program Amendment Form 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 unless the information does not apply to you.
- A field without a red border indicates that the field may not be applicable to every applicant.
 - Note: these red borders do not appear on the application when printed.

License Number: <input type="text"/>	List Additional Licenses: <input type="text"/>
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E.g., You must supply at least one license number. Unless you are vertically integrated, you are only required to fill out the License Number section and can leave the List Additional Licenses section blank.

LICENSEE INFORMATION

Licensee Information	
<i>Please provide the following information regarding the Licensee seeking to amend their Social Equity All-Star Program plan(s):</i>	
Establishment Name: <input type="text"/>	Other Names (e.g. DBA): <input type="text"/>
License Number: <input type="text"/>	List Additional Licenses: <input type="text"/>

In the Participant's Information section, provide the following information for the licensee.

- **Establishment Name** as it appears on legal documents.
- **Other Names** the entity is recognized by, by the public. (e.g., DBA)
- **License Number** as it appears on your license. E.g., AU-R-000001.

PERSON COMPLETING FORM INFORMATION

Person Completing Form	
<i>Please provide the following information regarding the person completing the All-Star Program amendment form.</i>	
Full Name: <input type="text"/>	
<i>First</i>	<i>M.I</i>
<i>Last</i>	<i>Suffix</i>
Mailing Address: <input type="text"/>	
<i>Street Address</i>	<i>City</i>
<i>State</i>	<i>Zip Code</i>
Phone: <input type="text"/>	Email: <input type="text"/>

In the Person Completing Form section, provide the following information for the individual.

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

On the second page is where the licensee will select the program criteria that they wish to amend.

Amendment Information

Please select the following that applies to you and attach the following, as applicable.

Has your current All-Star Program Plan(s) changed?

Yes No

Are you advancing to a higher tier?

Yes No

*If yes, please select the tier that your entity is advancing to. It is important to remember you are required to submit **all** the applicable plan(s) in order to advance to the tier, you are applying for.*

Bronze –
Social Equity Plan **Silver –**
Corporate Spend Plan **Gold –**
Community
Reinvestment Plan

In the Amendment Information section, provide the following information for the licensee.

- Has your current All-Star Program Plan(s) changed?
- Are you advancing to a higher tier?
 - If yes, the licensee must select the tier they would be advancing to along with the applicable plan(s).

Requirement for each tier's plan(s):

- **Bronze Tier**

Licensee's social equity plans should consider the following when developing and implementing their social equity plans – determine if the municipality where the licensee plans to operate has enacted any requirements related to social equity, use the social equity plan to complement the licensee's business strategic goals and objectives, and lastly, identify the primary component(s) of the social equity plan – employment, educational or mentorship programs, monetary assistance, or training.

An advisory bulletin detailing guidance regarding social equity plans can be found on the CRA's website [here](#).

- **Silver Tier**

Licensees' corporate spend plans should include a dedicated percentage of the business' annual spending to diverse supplier(s). Licensees can find a list of business certification resources [here](#).

There are many ways in which licensees can spend money with diverse suppliers within the cannabis supply chain, including, but not limited to, legal, accounting, real estate, architect, interior designer, security, insurance, marketing, packaging, and printing. Payroll is not considered to be part of a corporate spend plan.

- **Gold Tier**

Licensees' community reinvestment plans should detail the licensee's volunteer time or donation percentages of their revenue to organizations, non-profits, and/or charities which positively impact any of the groups in these identified categories:

Category one: Organizations within communities the CRA has identified as disproportionately impacted by marijuana prohibition. A list of those communities can be found [here](#).

Category two: Individuals or groups in any of the following categories: Racial/ethnic minorities, women, veterans, Native American tribes, LGBTQ, people with disabilities, and returning citizens.

CONSENT TO PUBLISH

The Consent to Publish section of the form is needed to post your social equity plans, corporate spend plans, and community re-investment plans on the CRA website.

- The social equity plans, corporate spend plans, and community re-investment plans will not be posted to the CRA website without your consent.
- After reading the Consent to Publish and Disclaimer of Endorsement and Partnership sections, complete the following information, and sign and date.
 - **First and Last Name**
 - **Affiliation with the Establishment**
 - **Establishment Name**

Consent to Publish					
<p>Being duly authorized, I hereby consent to the Cannabis Regulatory Agency (the "CRA") publishing the amended social equity plan, corporate spend plan, and/or the community reinvestment plan that was included with the licensee's all-star program amendment form to the CRA's website. I understand the social equity plan, corporate spend plan, and the community reinvestment plan is to be made available to the public by the CRA on the CRA's website for the purposes of publicizing the mentioned plans or any other lawful purpose.</p> <p>I also consent to the CRA publishing additional information, including the name of the licensed establishment and information about the services provided by the licensed establishment.</p> <p>I acknowledge that my participation is voluntary and that I may decline to participate by not completing and returning this form.</p>					
Disclaimer of Endorsement and Partnership					
<p>I hereby acknowledge that allowing the CRA to make my amended social equity plan, corporate spend plan, and/or the community reinvestment plan available to the public does not constitute an endorsement by the CRA or the State of Michigan of me or my licensed establishment.</p> <p>I further acknowledge that my consent to make the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan available to the public does not create a partnership with the CRA or the State of Michigan nor is the licensed establishment's participation exclusive.</p> <p>By participating, I understand that the CRA 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 the licensed establishment, or that may be found in the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan.</p>					
<div style="border: 1px solid red; height: 20px; width: 100%; margin-bottom: 5px;"></div> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%; text-align: center; padding: 2px 5px;"><i>First Name</i></td><td style="width: 33%; text-align: center; padding: 2px 5px;"><i>Last Name</i></td><td style="width: 33%; text-align: center; padding: 2px 5px;"><i>Affiliation with Establishment</i></td></tr></table>			<i>First Name</i>	<i>Last Name</i>	<i>Affiliation with Establishment</i>
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<i>Signature</i>	<i>Date</i>				

Submitting Your All-Star Program Amendment Form

Prior to submitting your All-Star Program Amendment Form, verify that you have included all the information correctly. Your All-Star Program Amendment Form and updated plan(s) can be submitted by email to the social equity program at:

CRA-SocialEquity@Michigan.gov

If any questions arise while completing the All-Star Program Amendment Form, please contact us by telephone or email at:

(517) 284-8599

CRA-SocialEquity@Michigan.gov