

Social Equity All-Star Program Renewal Form

This form is for voluntary use by the Social Equity All-Star Program participants requesting to renew their status within the program. If your business wishes to advance to a higher tier or update your current plans on the CRA website, you may do so by submitting the [Social Equity All-Star Program Amendment Form](#) with a copy of the amended plan(s).

Licensee Information

Please provide the following information regarding the Licensee seeking to renew their Social Equity All-Star Program:

Establishment Name: _____ Other Names (e.g. DBA): _____

License Number: _____ List Additional Licenses: _____

Person Completing Form

Please provide the following information regarding the person completing the All-Star Program Renewal form.

Full Name: _____
First M.I Last Suffix

Mailing Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Recognition Tier Criteria

Please select the tier that you are currently eligible for and would like to renew. Note: you are not required to re-submit your plans in order to renew your Social Equity All-Star Program status.

<input type="checkbox"/> Bronze – Social Equity Plan	<p>In order to qualify for the bronze level of the All-Star Program, licensees must publish their social equity plan on the CRA website.</p> <p>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.</p> <p>An advisory bulletin detailing guidance regarding social equity plans can be found on the CRA’s website here.</p> <p style="text-align: center;"> <input type="checkbox"/> I give permission to continue to publish our Social Equity Plan <input type="checkbox"/> I attest that our Social Equity Plan is still current in its implementation </p>
<input type="checkbox"/> Silver – Corporate Spend Plan	<p>In order to qualify for the silver level of the All-Star Program, licensees must meet the bronze level requirements and also publish their corporate spend plan on the CRA website.</p> <p>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.</p> <p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> I give permission to continue to publish our Corporate Spend Plan <input type="checkbox"/> I attest that our Corporate Spend Plan is still current in its implementation </p>
<input type="checkbox"/> Gold – Community Reinvestment Plan	<p>In order to qualify for the gold level of the All-Star Program, licensees must meet the silver level requirements and publish their community reinvestment plan on the CRA website.</p> <p>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:</p> <p>Category one: Organizations within communities the CRA has identified as disproportionately impacted by marijuana prohibition. A list of those communities can be found here.</p> <p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> I give permission to continue to publish our Community Reinvestment Plan <input type="checkbox"/> I attest that our Community Reinvestment Plan is still current in its implementation </p>

Consent to Publish

Being duly authorized, I hereby consent to the Cannabis Regulatory Agency (the "CRA") publishing the social equity plan, corporate spend plan, and/or the community reinvestment plan that was included with the licensee's all-star program 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.

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.

I acknowledge that my participation is voluntary and that I may decline to participate by not completing and returning this form.

Disclaimer of Endorsement and Partnership

I hereby acknowledge that allowing the CRA to make my 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.

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.

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.

First Name

Last Name

Affiliation with Establishment

Establishment name

Signature

Date

Please email completed form to:
CRA-SocialEquity@michigan.gov