



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

## SOCIAL EQUITY ALL-STAR PROGRAM FORM INSTRUCTIONS

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

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

If you have any questions regarding the All-Star Program, the social equity team 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](mailto:CRA-SocialEquity@Michigan.gov)**

### Social Equity All-Star Program Overview

In order to promote and encourage participation in the cannabis industry by people from communities that have been disproportionately impacted by marijuana prohibition and enforcement and to positively impact those communities, the Cannabis Regulatory Agency (CRA) encourages licensees to be proactive in their diversity, equity, and inclusion initiatives.

The All-Star Program Form is for voluntary use by licensees requesting CRA recognition for their social equity efforts. The CRA recognizes its licensees' social equity efforts with three tiers of the Social Equity All-Star Program recognition: bronze, silver, and gold. Each tier represents a particular effort made by the licensee. Through this recognition, the CRA hopes to highlight effective and innovative social equity efforts that may inspire other licensees to engage further in this important work.

Adult-use licensees are eligible for recognition in the CRA Social Equity All-Star Program by meeting the qualifying criteria regarding social equity plans, corporate spend plans, and community reinvestment plans.

## Required Fields

The Social Equity All-Star Program 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"/> |
|--------------------------------------|--|

*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

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

| Licensee Information   |  |                      |                              |
|--|--|----------------------|------------------------------|
| <i>Please provide the following information regarding the Licensee seeking to participate in the Social Equity All-Star Program:</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"/> |                      |                              |
| Mailing Address: <input type="text"/>  | <input type="text"/>                           | <input type="text"/> | <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"/>                    |                      |                              |

- **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 prequalification. E.g., AU-ERA-000001.
- **List Additional Licenses** if applicable.
- **Mailing Address** of the establishment.
- **Phone** number of the establishment.
- **Email** address of the establishment. This will be the main source of contact.

## PERSON COMPLETING FORM INFORMATION

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

| Person Completing Form   |   |             |  |
|--|---|-------------|--|
| <i>Please provide the following information regarding the person completing the All-Star Program form.</i> |   |             |  |
| Full Name:   | <input style="width: 100%; height: 20px;" type="text"/> |             |  |
|  | <i>First</i>  | <i>M.I</i>  | <i>Last</i>  |
|  | <i>Suffix</i>   |             |  |
| Mailing Address:   | <input style="width: 100%; height: 20px;" type="text"/> |             |  |
|  | <i>Street Address</i>                                   | <i>City</i> | <i>State</i>   |
|  | <i>Zip Code</i>   |             |  |
| Phone:   | <input style="width: 50%; height: 20px;" type="text"/>  | Email:      | <input style="width: 50%; height: 20px;" type="text"/> |

- **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 believe they meet.

| Recognition Tier Criteria   |  |
|---|--|
| <i>Please select the tier you are applying for and attach the following, as applicable.</i> |  |
| <input type="checkbox"/> <b>Bronze – Social Equity Plan</b>                                 | <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 <a href="#">here</a>.</p> <p style="text-align: center;"> <input type="checkbox"/> I give permission to publish our Social Equity Plan             <span style="margin-left: 100px;"><input type="checkbox"/> I attest that our Social Equity Plan is current in its implementation</span> </p>   |
| <input type="checkbox"/> <b>Silver – Corporate Spend Plan</b>                               | <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 <a href="#">here</a>.</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 publish our Corporate Spend Plan             <span style="margin-left: 100px;"><input type="checkbox"/> I attest that our Corporate Spend Plan is current in its implementation</span> </p>   |
| <input type="checkbox"/> <b>Gold – Community Reinvestment Plan</b>                          | <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><b>Category one:</b> Organizations within communities the CRA has identified as disproportionately impacted by marijuana prohibition. A list of those communities can be found <a href="#">here</a>.</p> <p><b>Category two:</b> 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 publish our Community Reinvestment Plan             <span style="margin-left: 100px;"><input type="checkbox"/> I attest that our Community Reinvestment Plan is current in its implementation</span> </p> |

*Please select the tier you are applying for and attach the following plans, as applicable:*

- **Bronze Tier**

In order to qualify for the bronze level of the All-Star Program, licensees must publish their social equity plan on the CRA website.

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**

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.

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**

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.

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**

| <b>Consent to Publish</b>  |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
|--|------------------|---------------------------------------|--|--|--|-------------------|------------------|---------------------------------------|--|---------------------------|--|--|------------------|-------------|
| <p>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.</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>  |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
| <b>Disclaimer of Endorsement and Partnership</b>   |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
| <p>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.</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>          |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
| <table style="width: 100%; border: 1px solid #ccc;"><tr><td style="width: 33%; border: 1px solid #ccc; height: 20px;"></td><td style="width: 33%; border: 1px solid #ccc; height: 20px;"></td><td style="width: 33%; border: 1px solid #ccc; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>First Name</i></td><td style="text-align: center;"><i>Last Name</i></td><td style="text-align: center;"><i>Affiliation with Establishment</i></td></tr></table><br><table style="width: 100%; border: 1px solid #ccc;"><tr><td style="border: 1px solid #ccc; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>Establishment name</i></td></tr></table><br><table style="width: 100%; border: 1px solid #ccc;"><tr><td style="width: 70%; border: 1px solid #ccc; height: 20px;"></td><td style="width: 30%; border: 1px solid #ccc; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>Signature</i></td><td style="text-align: center;"><i>Date</i></td></tr></table> |                  |                                       |  |  |  | <i>First Name</i> | <i>Last Name</i> | <i>Affiliation with Establishment</i> |  | <i>Establishment name</i> |  |  | <i>Signature</i> | <i>Date</i> |
|  |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
| <i>First Name</i>  | <i>Last Name</i> | <i>Affiliation with Establishment</i> |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
|  |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
| <i>Establishment name</i>  |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
|  |                  |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |
| <i>Signature</i>   | <i>Date</i>      |                                       |  |  |  |                   |                  |                                       |  |                           |  |  |                  |             |

## Submitting Your All-Star Program Form

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

[CRA-SocialEquity@Michigan.gov](mailto:CRA-SocialEquity@Michigan.gov)

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

**(517) 284-8599**

[CRA-SocialEquity@Michigan.gov](mailto:CRA-SocialEquity@Michigan.gov)