



**Paper Application Instruction Booklet
Social Equity Program**

TABLE OF CONTENTS

- Social Equity Paper Application Instructions 3
- Social Equity Application Overview 3
- Required Fields 4
 - Participant Information..... 4-6
 - Supporting Documentation..... 6
 - Questionnaire..... 7
- Submitting Your Social Equity Application 7-8

SOCIAL EQUITY PAPER APPLICATION INSTRUCTIONS

The social equity application can be found online in a fillable PDF format at the following link:

[Social Equity Application](#)

If you have any questions regarding eligibility or application 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 Application Overview

During application review, the supporting documentation is evaluated to determine the fee reductions for an eligible applicant.

After eligibility is approved, the participant will complete the following steps:

- **Sit with a social equity representative for application assistance on the adult-use application.**
 - Application assistance is offered as a free resource to check for the completeness of an application prior to submission. *This is optional*
- **Submit the Step 1 adult-use application**
 - A social equity representative will first review the application to ensure that the majority owner of the entity is an eligible social equity participant.
- **Pay the adult-use application fee once they receive an invoice with payment instructions**
 - Payment must be received before the adult-use establishment licensing section will review the application.

Required Fields

The social equity 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 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.

Mailing Address:	<input type="text"/>			
	Street Address	City	State	Zip Code
Residential Address:	<input type="text"/>			
	Street Address (if different from Mailing Address)	City	State	Zip Code

E.g., Mailing Address vs. Residential Address –You must supply a mailing address. If you reside at an address different than your mailing address or use a P.O. Box, you must provide a residential address to establish residency in a disproportionately impacted community, if applicable.

PARTICIPANT INFORMATION

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

Participant Information				
Please provide the following information regarding the individual renewing their eligibility in the social equity program.				
Full Name:	<input type="text"/>			
	First	M.I	Last	Suffix
Mailing Address:	<input type="text"/>			
	Street Address	City	State	Zip Code
Residential Address:	<input type="text"/>			
	Street Address (if different from Mailing Address)	City	State	Zip Code
Phone:	<input type="text"/>	Email:	<input type="text"/>	
Date of Birth:	<input type="text"/>			

- **Full Name** as it appears on legal documents.
- **Mailing Address** of the individual.
- **Residential Address** of the individual. *Only required if different from the mailing address.*
- **Phone** number of the individual.
- **Email** address of the individual. This will be the main source of contact.
- **Date of Birth** of the individual.

<u>Highest Level of Education Completed</u>		<u>Current Employment Status</u>
<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> Temporary/Part Time
<input type="checkbox"/> Technical/Occupational Certification		<input type="checkbox"/> Full Time
<input type="checkbox"/> Some College		<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Associate Degree		<input type="checkbox"/> Full Time Student
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Unemployed/Seeking Employment
<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Disabled
<input type="checkbox"/> Doctorate Degree		<input type="checkbox"/> I do not wish to answer
<input type="checkbox"/> Professional Degree (i.e. law, medical)		
<input type="checkbox"/> I do not wish to answer		
<u>What is your individual adjusted gross income (AGI) from the previous tax year?</u>		
<i>(Do not include income from other members in household)</i>		
<input type="checkbox"/> 0 – 9,699	<input type="checkbox"/> 84,200 – 160,724	<input type="checkbox"/> 510,300+
<input type="checkbox"/> 9,700 – 39,474	<input type="checkbox"/> 160,725 – 204,099	<input type="checkbox"/> I do not wish to answer
<input type="checkbox"/> 39,475 – 84,199	<input type="checkbox"/> 204,100 – 510,299	

- **Highest Level of Education Completed** of the individual. This does not include current enrollment.
- **Current Employment Status** of the individual. This is regarding general employment and not within the cannabis industry. *Check all that apply.*
- **What is your individual adjusted gross income (AGI) from the previous year?** The answer should only include the individual's income, and not a household income.

At the top of the second page is where the individual will select the program criteria that they believe they meet.

<u>Please select all that apply:</u>	
Have you had a marijuana-related felony conviction? <i>With the exception of distribution of a controlled substance to a minor</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had a marijuana-related misdemeanor conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you a registered primary caregiver for at least 2 years between 2008 and 2017?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years: <input type="text"/>	
Do you plan to operate within a disproportionately impacted community?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, where do you plan to operate? <input type="text"/>	

Please select all that apply:

- **Have you had a marijuana-related felony conviction?**
Check yes only if you were convicted of a marijuana-related felony. *A conviction of distribution of a controlled substance to a minor will not be considered for eligibility.*
- **Have you had a marijuana-related misdemeanor conviction?**
Check yes only if you were convicted of a marijuana-related misdemeanor.
- **Were you a registered primary caregiver for at least 2 years between 2008-2017?**
Check yes only if you were registered with the Michigan Medical Marijuana Program (MMMP) as a primary caregiver for at least two cumulative years between 2008-2017. Being registered as a patient is not a qualifying factor.

- Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years?**
 Check yes only if you can prove residency in at least one of the disproportionately impacted communities that can be found at the following link: [Disproportionately Impacted Community List](#)
- If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years.**
 This is where you will list each disproportionately impacted community that you have resided in for at least 5 cumulative years out of the past 10 years. There is no limit to the amount of disproportionately impacted communities that can be used to prove residency as long as it falls within the last 10 years.
- Do you plan to operate in a disproportionately impacted community?**
 This does not have to be in the same disproportionately impacted community where you reside. You have the option to select any community from the list.
- If no, where do you plan to operate?**
 If you do not choose to operate in a disproportionately impacted community, the fee reductions available to you as a social equity participant will only be for 2 years beyond the initial licensure date. After the 2 years have been exhausted, you will no longer receive a fee reduction on your adult-use license renewal fees.

SUPPORTING DOCUMENTATION

Social equity applicants are required to submit supporting documentation with their application.

Supporting Documentation

Please attach the following, as applicable.

Proof of Residency: Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years out of the last 10 years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:

<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Tax Returns	<input type="checkbox"/> Insurance Statements
<input type="checkbox"/> Lease/Rental Agreements	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> College Tuition Bills
<input type="checkbox"/> Property Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Utility Bills

Proof of Marijuana-Related Conviction: Copy of judgement of sentence.

Proof of 2 years of caregiver experience: Caregiver Attestation Application with a valid driver's license or State-issued personal identification card with photo.

- Each criterion has its own set of required documents to prove eligibility, so you will need to check each section that is applicable to your situation and submit documentation for each of the criteria for which you are applying.
- Failure to submit the required documentation may result in a lower fee reduction, or your application may be found ineligible.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via mail to:

**Cannabis Regulatory Agency
Social Equity Program
P.O. Box 30205
Lansing, MI 48909**

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

(517) 284-8599
CRA-SocialEquity@Michigan.gov