

# Paper Application Instruction Booklet Social Equity Program

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### 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.

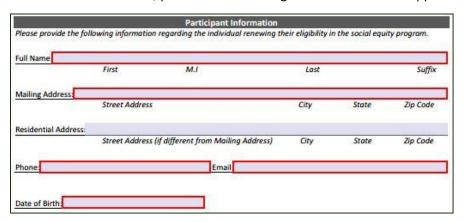
- All fields on the application are required to be completed unless the information does not apply to you.
- A field without a red border indicates that the field may not be applicable to every applicant.
  - o Note: these red borders do not appear on the application when printed.



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.



- 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.

Highest Level of Educatio	n Completed	Current Employment Status
High School Diploma/	GED	Temporary/Part Time
Technical/Occupation	al Certification	Full Time
Some College		Self-Employed
Associate Degree		Full Time Student
Bachelor's Degree		Unemployed/Seeking Employment
Master's Degree		Disabled
Doctorate Degree		I do not wish to answer
Professional Degree (i	e.law, medical)	
I do not wish to answe	er	
22 <b>5</b> 0000 Value 200000	DOMEST OF BUILDING	21 17 10 12
	djusted gross income (AGI) from om other members in household)	the previous tax year?
	CONTROL OF THE CONTRO	- 400-4018 PM
0 - 9,699	84,200 – 160,724	<u>510,300+</u>
9,700 - 39,474	160,725 – 204, 099	I do not wish to answer
39,475 - 84,199	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.

Please select all that apply:		
Have you had a marijuana-related felony conviction?  With the exception of distribution of a controlled substance to a minor	YES	□ NO
Have you had a marijuana-related misdemeanor conviction?	YES	□ NO
Were you a registered primary caregiver for at least 2 years between 2008 and 2017?	YES	□ NO
Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years?	YES	□ NO
	e years out	of the past
If yes, please list the disproportionately impacted communities where you have lived for 5 cumulativ	e years out	of the past

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: <u>Disproportionately Impacted Community List</u>

• 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?

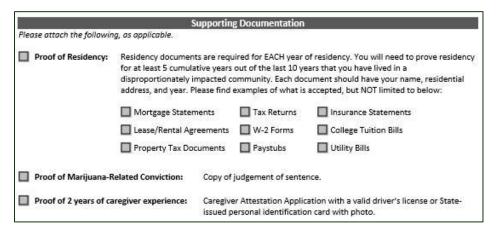
This does not have to be in the same disproportionately community where you reside. You have the option to select any community from the list.

• 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.

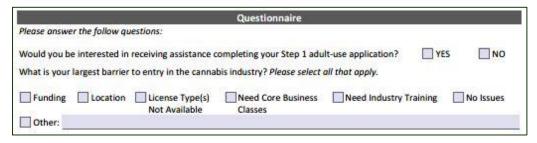


- Each criterion has its own set of required documents to prove eligibility, so you will need to check
  each section that is applicable to your situation and submit documentation for each of the criteria
  for which you are applying.
- Failure to submit the required documentation may result in a lower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

#### **QUESTIONNAIRE**

The questionnaire section of the application is for information gathering purposes only.

- It will assist the social equity team in identifying barriers to entry into the regulated cannabis.
- Your response will be used to determine potential changes to program in the future.



*Please answer the following questions:* 

- Would you be interested in receiving assistance completing your Step 1 adult-use application?
   After you are found eligible for the social equity program, you will have the option to sit down with a social equity representative to assist you with completing the Step 1 adult-use application.
- What is your largest barrier to entry in the cannabis industry? Please select all that apply.
  - o **Funding:** Needing assistance in gathering capital for business start up
  - o **Location:** Difficulty finding real estate
  - License Type(s) Not Available: The license type you are interested in is not available
    because there is no municipal authorization for adult-use establishments, or you do not
    hold a medical marijuana facility license and are not eligible to apply for the license.
  - Need Core Business Classes: Need business courses on starting a business. Examples
    include business planning, organizational development, financial management, and
    workshop courses.
  - **Need Industry Training:** Need training regarding the regulated cannabis market. *Examples include cultivation, processing, regulations, and business operations.*
  - o **No Issues:** Check if none of the above situations apply to you
  - Other: List any other barrier to entry that is prohibiting you from successfully starting a business in the cannabis industry.

## Submitting Your Social Equity Application

Prior to submitting your application, verify that you have completed all of the required fields on the application and have obtained all of the required supporting documentation.

- Failure to submit a complete application and supporting documents will result in a Notice of Deficiency.
- Failure to correct any deficiencies within <u>7 calendar days</u> after receiving a Notice of Deficiency Letter will result in your application going into an inactive status.
- You may still submit documentation if your application is in an inactive status, but prolonged failure to communicate with the social equity team will result in either a reduced fee reduction, or the denial of your application.

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