



Cannabis Industry Social Equity Compliance Transfer Request & Community Reinvestment Fund Form

This document is for use by medical and/or recreational cannabis licensees that have received or anticipate receiving a determination of noncompliance with voluntary commitments made under City Commission Policies 900-58 Marihuana Industry Voluntary Equitable Development Agreement or (MIVEDA) and/or 900-59 Cannabis Social Equity Policy via the Cannabis Industry Social Equity Voluntary Agreement (CISEVA) form, in addition to all cannabis licensees that made original commitments to the Community Reinvestment Fund under the Cannabis Social Equity Policy. MIVEDA and CISEVA commitments, once accepted by the City with cannabis land use applications and made conditions of approval of medical and/or recreational business operations, are legally enforceable for the duration of the cannabis use(s). The City of Grand Rapids Administrative Policy 22-01 (Cannabis Social Equity Compliance) allows this Transfer Request Form to act as supplemental criteria for achieving compliance with social equity commitments. If the City of Grand Rapids cannot determine MIVEDA and/or CISEVA compliance the City shall not grant renewal of local licenses or attest to compliance with municipal ordinances to the State. No person shall operate a cannabis business in the City of Grand Rapids without a municipal license issued by the City.

Please read this entire document carefully

By signing below, the licensee acknowledges the following:

- MIVEDA and CISEVA selections are conditions of approval of cannabis land use(s), including original commitments to the Community Reinvestment Fund
- The licensee has received or anticipates a determination of noncompliance with MIVEDA and/or CISEVA commitments, and the City of Grand Rapids Administrative Policy 22-01 allows this Transfer Request Form to act as supplemental criteria for achieving compliance with social equity commitments.
- The information accompanying this form, including financial details of the business, is true and accurate.
- You are acknowledging and consenting to a City designee to receive or inspect confidential information from the Income Tax department in relation to the annual gross sales amount for the year(s) in question for verification purposes only. This permission can be revoked at any time by contacting the Income Tax Department.
- The signature provided below is that of a cannabis licensee principal, CEO, or counsel of record.
- Once submitted to the City, this Transfer Request Form is a legally binding document and failure to comply may impact future local licensing determinations and/or attestations of municipal zoning compliance provided to the State.

Signature of Licensee

Date

<u>OFFICE USE ONLY</u>
Receipt Date:



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PART A: Cannabis Business Licensee Information

Instructions: Complete the form below using information from the most recent State and/or local licensure period for the cannabis business at this location.

1) BUSINESS INFORMATION

Licensee (i.e. LLC) _____
 D/B/A _____
 Business Address _____
 Mailing Address _____
 Phone Number _____
 Federal ID _____
 Principal and/or CEO _____
 Counsel of Record _____
 Business Representative _____

2) LICENSE INFORMATION (use a second copy of this page if applicable)

License Type	Local License Number	State License Number	Issue Date	Exp. Date

3) MUNICIPAL EVALUATION HISTORY

Quarterly Self-Reporting Form (4 most recent reports)	Date of Accela Upload
Q1 – Year:	
Q2 – Year:	
Q3 – Year:	
Q4 – Year:	

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Date of most recent City inspection: _____
 Business representative at inspection: _____
 City of Grand Rapids Determination: _____
 Determination Date: _____



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PART B: Marihuana Industry Voluntary Equitable Development Agreement (MIVEDA)

Instructions: Select any of the following MIVEDA conditions that were submitted with a medical cannabis business zoning application*. This form shall be compared to the applicant’s initial MIVEDA. Each MIVEDA condition selected under *Applicant Selection* equates to 1 point. Using the columns on the right, indicate whether each category selected was met via City-certified social equity documentation, not met and requiring approval of credit for partial social equity performance, or otherwise not met and requiring transfer of financial contributions to the Community Reinvestment Fund. If the business has achieved MIVEDA compliance for a minimum of three (3) years, check the box provided below and only complete the *Applicant Selection* column below.

Licensee has achieved MIVEDA compliance for 3 non-consecutive years

1) LOCAL RESIDENCY

MIVEDA Condition	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. General Target Area as defined by HUD				
B. City of Grand Rapids				
C. Kent County				
D. State of Michigan				

2) LOCAL ECONOMY

MIVEDA Condition	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. Commitment to hire 15% of employees or more who are City of Grand Rapids residents, working more than 30 hours per week				
B. Commitment to 24% or more of Micro LBE Participation				
C. Commitment to hire a minimum of 30 employees, working more than 30 hours per week.				

* Pursuant to Administrative Policy 22-01, MIVEDA category 3)A. “Streamlined Applications” is not eligible for the Transfer Request



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PART C: Cannabis Industry Social Equity Voluntary Agreement (CISEVA)

Instructions: Select any of the following CISEVA conditions, including applicable percentage ranges, that were submitted with a recreational cannabis business zoning application*. This form shall be compared to the applicant’s initial CISEVA. Using the columns on the right, indicate whether each category selected was met via City-certified social equity documentation, not met and requiring approval of credit for partial social equity performance, or otherwise not met and requiring transfer of points to other eligible categories or as financial contributions to the Community Reinvestment Fund.

1) LOCAL OWNERSHIP

<i>LOCAL OWNERSHIP IN THE FACILITY</i>					
CISEVA Condition	Points	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. 0.0% – 24.9%	0				
B. 25.0% – 33.9%	1				
C. 34.0% – 65.9%	2				
D. 66.0% – 100.0%	3				
<i>LOCAL OWNERSHIP IN THE UNDERLYING REAL ESTATE</i>					
CISEVA Condition	Points	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. 0.0% – 24.9%	0				
B. 25.0% – 49.9%	1				
C. 50.0% – 74.9%	2				
D. 75.0% – 100.0%	3				

2) WORKFORCE DIVERSITY

CISEVA condition	Points	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. 0.0% – 24.9%	0				
B. 25.0% – 49.9%	1				
C. 50.0% – 74.9%	2				
D. 75.0% – 100.0%	3				

3) SUPPLIER DIVERSITY

CISEVA Condition	Points	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. 0.0% – 4.9%	0				
B. 5.0% – 9.9%	1				
C. 10.0% – 23.9%	2				
D. 24.0% – 100.0%	3				



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4) NEW BUSINESS DEVELOPMENT*

CISEVA Condition	Points	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. Mentor-Protégée	1				
B. External Cannabis Incubator	2				
C. External Noncannabis Incubator	2				
D. Internal Cannabis Incubator	3				
E. Internal Noncannabis Incubator	3				
F. Community Reinvestment Fund	3				

5) COMMUNITY REINVESTMENT FUND*

CISEVA Condition	Points	Applicant Selection	Compliance via Documentation	Compliance via Partial Credit	Compliance via Transfer
A. 0.50%	1				
B. 1.00%	2				
C. 2.00%	3				

** Pursuant to Administrative Policy 22-01, CISEVA categories “New Business Development” and “Community Reinvestment Fund” are not eligible for reductions of points under the Transfer Request. These categories are eligible for increases of points under a Transfer Request.*



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PART D: Transfer System Worksheet – Between Eligible CISEVA Categories

Instructions: Using Part C of this form and the box below, describe the transfer(s) requested between eligible CISEVA categories. Please include the specific CISEVA categories with their original points selections, the number of points being transferred out of each CISEVA category, the new CISEVA categories receiving any transferred points, and the new points total for each CISEVA categories. Please note that the City may require additional sets of social equity documentation to verify compliance with all requested transfers between eligible CISEVA categories.

Do not use this box for any CISEVA categories that are transferring points to the Community Reinvestment Fund. If that option was selected instead, please proceed to the next page for additional instructions.



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PART D: Transfer System Worksheet – Contributions to the Community Reinvestment Fund

Instructions: Using Parts B and/or C of this form, check the applicable box(es) for all partial* and/or full transfers requested. For each selection, multiply its associated value (from the *Points* column) by the factor shown under *Partial* or *Full Transfer*, and write the result in the box under the *Total* column. Sum all values listed under the *Total* column and write the result in the applicable MIVEDA or CISEVA Subtotal box(es).

MIVEDA	Points	Partial Transfer (x0.125)	Full Transfer (x0.25)	Total
LOCAL RESIDENCY				
A. General Target Area as defined...	1			%
B. City of Grand Rapids	1			%
C. Kent County	1			%
D. State of Michigan	1			%
LOCAL ECONOMY				
A. Commitment to hire 15% of employee...	1			%
B. Commitment to 24% or more of...	1			%
C. Commitment to hire a minimum of...	1			%
			MIVEDA SUBTOTAL	%
CISEVA	Points	Partial Transfer (x0.25)	Full Transfer (x0.50)	Total
LOCAL OWNERSHIP – FACILITY				
A. 0.0%-24.9%	0			%
B. 25.0%-33.9%	1			%
C. 34.0%-65.9%	2			%
D. 66.0%-100.0%	3			%
LOCAL OWNERSHIP – REAL ESTATE				
A. 0.0% – 24.9%	0			%
B. 25.0% – 49.9%	1			%
C. 50.0% – 74.9%	2			%
D. 75.0% – 100.0%	3			%
WORKFORCE DIVERSITY				
A. 0.0% – 24.9%	0			%
B. 25.0% – 33.9%	1			%
C. 34.0% – 65.9%	2			%
D. 66.0% – 100.0%	3			%
SUPPLIER DIVERSITY				
A. 0.0% – 4.9%	0			%
B. 5.0% – 9.9%	1			%
C. 10.0% – 23.9%	2			%
D. 24.0% – 100.0%	3			%
			CISEVA SUBTOTAL	%

* Businesses selecting “Partial Transfer” must have successfully demonstrated 50% compliance with the original MIVEDA or CISEVA commitment(s). The City may require additional sets of social equity documentation to verify compliance with partial social equity performance.



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PART E: Seeding Justice (“Community Reinvestment”) Fund Financial Contribution

Instructions: Complete the fields below using data from the cannabis licensee operating at this location.

- **MOST RECENT CALENDAR YEAR OF OPERATION** _____
Start date of operation, if different than January 1 _____

- **GRAND TOTAL OF SALES (ALL LICENSE TYPES)** \$ _____
Optional fields: total of sales transactions by specific license types

Grower	\$	_____
Processor	\$	_____
Retailer	\$	_____
Other	\$	_____

- **GRAND TOTAL OF TAXES (ALL LICENSE TYPES)** \$ _____
Optional fields: total of taxes paid by tax types

Local taxes	\$	_____
State taxes	\$	_____
Federal taxes	\$	_____

- **ANNUAL GROSS SALES** \$ _____
Subtract “Grand Total of Taxes” from “Grand Total of Sales”

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- **MIVEDA TRANSFER TO FUND OR MIVEDA CAP** _____ %
- **CISEVA TRANSFER TO FUND OR CISEVA CAP** _____ %
- **MIVEDA/CISEVA TRANSFER SUBTOTAL** _____ %
- **CISEVA ORIGINAL COMMITMENT SUBTOTAL** _____ %

- **COMMUNITY REINVESTMENT FUND TOTAL** _____ %
- **CONTRIBUTION TO COMMUNITY REINVESTMENT FUND** \$ _____
- **PERFORMANCE PERIOD** *from* _____ *to* _____

City Staff Signature:

Nonprofit Representative Signature:

Date:

