



Cannabis Business Social Equity Review Form

This document is for use by a medical and/or recreational cannabis licensee operating at a location with voluntary MIVEDA and/or CISEVA commitments. Social equity commitments, once 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 shall use this form to evaluate MIVEDA and/or CISEVA compliance as part of an annual City inspection. Operators may supplement this Social Equity Review Form with documentation previously attached to a quarterly self-reporting form submitted to the City during the same licensure period. Social equity performance evaluations help inform determinations on zoning compliance, including municipal attestations as required by the State of Michigan, and renewal of local licenses. 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) and legally enforceable for the duration of the cannabis use(s)
- An annual City inspection will include an evaluation of social equity compliance, which shall remain consistent with the quarterly self-reporting forms previously submitted to the City within that same licensure period.
- All documentation attached to this form is true and accurate.
- The signature provided below is that of a cannabis licensee principal, CEO, or counsel of record.
- Once submitted to the City, this Social Equity Review Form will help inform determinations on zoning compliance, including municipal attestations as required by the State of Michigan, and renewal of local licenses.

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 current State and/or local licensure period for the cannabis business at this location.

1) BUSINESS INFORMATION

Licensee _____
 D/B/A _____
 Business Address _____
 Mailing Address _____
 Principal and/or CEO _____
 Counsel of Record _____
 Date of Start of Operations (Medical) _____ (Recreational) _____

2) LICENSE INFORMATION

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

3) MUNICIPAL EVALUATION HISTORY

| Quarterly Self-Reporting Form (4 most recent reports) | Submission Date | <u>OFFICE USE ONLY</u> Date of Accela Upload |
|--|-----------------|---|
| Q1 – Year: | | |
| Q2 – Year: | | |
| Q3 – Year: | | |
| Q4 – Year: | | |

Date of scheduled City inspection: _____
 Business representative at inspection: _____



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PART B: Cannabis Business Social Equity Commitments

Instructions: Select any of the following MIVEDA and/or CISEVA conditions that were submitted with a medical cannabis business zoning application.

I. MIVEDA

| | | |
|---|--|--------------------------|
| 1) Local Residency | | |
| A. 25% General Target Area as defined by HUD | | <input type="checkbox"/> |
| B. 25% City of Grand Rapids | | <input type="checkbox"/> |
| C. 25% Kent County | | <input type="checkbox"/> |
| D. 25% State of Michigan | | <input type="checkbox"/> |
| 2) Local Economy | | |
| A. 15% of employees (City of Grand Rapids residents) working more than 30h/week | | <input type="checkbox"/> |
| B. 24% or more of Micro LBE Participation | | <input type="checkbox"/> |
| C. 30 employees working more than 30h/week | | <input type="checkbox"/> |
| 3) Streamlined Applications | | |
| A. No sensitive use separation distance waivers are required | | <input type="checkbox"/> |

II. CISEVA

| Local Ownership | | Points | |
|--|---------------------------|--------|--------------------------|
| A. Ownership of the Facility | B. Underlying Real Estate | | |
| – 0.0% – 24.9% | – 0.0% – 24.9% | 0 | <input type="checkbox"/> |
| – 25.0% – 33.9% | – 25.0% – 49.9% | 1 | <input type="checkbox"/> |
| – 34.0% – 65.9% | – 50.0% – 74.9% | 2 | <input type="checkbox"/> |
| – 66.0% – 100.0% | – 75.0% – 100.0% | 3 | <input type="checkbox"/> |
| Workforce Diversity | | | |
| – 0.0% – 24.9% | | 0 | <input type="checkbox"/> |
| – 25.0% – 33.9% | | 1 | <input type="checkbox"/> |
| – 34.0% – 65.9% | | 2 | <input type="checkbox"/> |
| – 66.0% – 100.0% | | 3 | <input type="checkbox"/> |
| Supplier Diversity | | | |
| – 0.0% – 4.9% | | 0 | <input type="checkbox"/> |
| – 5.0% – 9.9% | | 1 | <input type="checkbox"/> |
| – 10.0% – 23.9% | | 2 | <input type="checkbox"/> |
| – 24.0% – 100.0% | | 3 | <input type="checkbox"/> |
| New Business Development | | | |
| – None | | 0 | <input type="checkbox"/> |
| – Mentor-Protégée | | 1 | <input type="checkbox"/> |
| – Mentor + External Incubation Support (Cannabis and Noncannabis) | | 2 | <input type="checkbox"/> |
| – Mentor + Internal Incubation Support (Cannabis and Noncannabis) | | 3 | <input type="checkbox"/> |
| – Contribution Over 2% to Seeding Justice Fund | | 3 | <input type="checkbox"/> |
| Contribution to Seeding Justice (Community Reinvestment) Fund | | | |
| – 0.00% | | 0 | <input type="checkbox"/> |
| – 0.50% | | 1 | <input type="checkbox"/> |
| – 1.00% | | 2 | <input type="checkbox"/> |
| – 2.00% | | 3 | <input type="checkbox"/> |



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PART C: Marihuana Industry Voluntary Equitable Develop Agreement (MIVEDA) Compliance

Instructions: Using the options below, indicate the type of documentation that will be supporting each MIVEDA commitment selected in Part B of this form. When applicable, use the fields provided to further describe the documentation included with this form. Under some circumstances, City staff may require more additional sets of social equity documentation.

1) Local Residency (commitments 1-A, 1- B, 1-C, and 1-D)

| | |
|---|--------------------------|
| – Entire ownership structure of the cannabis business, indicating the percentage of ownership that meets the selected commitment(s) | <input type="checkbox"/> |
| – Proof of residency of all members that comprise the selected commitment(s) | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |

2) Employment (commitments 2-A, 2-C)

| | |
|--|--------------------------|
| – Payroll journals and/or internal business records, deidentified when applicable, indicating the percentages that meet the selected commitment(s) | <input type="checkbox"/> |
| – Photocopies of employee(s) drivers' license or state identification cards | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |

3) MLBE Participation (commitment 2-B)

| | |
|---|--------------------------|
| – Schedule of Values provided by a General Contractor, or the equivalent, indicating the percentage of participation by City-certified MLBEs in the buildout of the facility, or the period between the date of initial zoning approval and the date of beginning of operations | <input type="checkbox"/> |
| – Vendor invoices, contracts, and/or proof of payment to City-certified MLBEs | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |



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

Instructions: Using the options below, indicate the type of documentation that will be supporting each CISEVA commitment selected in Part B of this form. When applicable, use the fields provided to further describe the documentation included with this form. Under some circumstances, City staff may require more additional sets of social equity documentation.

1) Local Ownership (of the facility OR of the underlying real estate)

| | |
|---|--------------------------|
| – Entire ownership structure of the cannabis business, indicating the percentage of ownership that meets the selected commitment(s) | <input type="checkbox"/> |
| – Proof of residency of all members that comprise the selected commitment(s) | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |

2) Workforce Diversity

| | |
|---|--------------------------|
| – Internal business records, deidentified when applicable, indicating the percentage of the workforce that meets the selected commitment(s) | <input type="checkbox"/> |
| – Proof of employees meeting not less than one (1) of six (6) Equity Applicant criteria | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |

3) Supplier Diversity

| | |
|--|--------------------------|
| – Entire operating budget or balance sheet of the business, or the equivalent, indicating the percentage of costs spent with City-certified MBEs, MLBEs, and WBEs. <i>Costs under this commitment exclude: utilities, taxes (including federal, state, property, and cannabis excise taxes), employee wages (including all W-2 full- and part-time employees), and employee benefits</i> | <input type="checkbox"/> |
| – Vendor invoices, contracts, and/or proof of payment to City-certified MBEs, MLBEs, and WBEs | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |

4) New Business Development

| | |
|---|--------------------------|
| – Internal business records of mentorship and/or incubator agreements | <input type="checkbox"/> |
| – Records of program outcomes, if applicable | <input type="checkbox"/> |
| – Other (please describe): | <input type="checkbox"/> |