



# **Commonwealth of Massachusetts**

Executive Office of Economic Development

**Cannabis Social Equity Grant Program  
Informational Webinar – October 1, 2024**

# About the Cannabis Social Equity Trust Fund

The Cannabis Social Equity Trust Fund (Trust Fund) was established by Section 14A of Chapter 94G of the Mass. General Laws to provide financial assistance to eligible applicants for the purpose of encouraging the full participation in the state's regulated marijuana industry of entrepreneurs from communities that have been disproportionately harmed by marijuana prohibition and enforcement. The Trust Fund is administered by the Executive Office of Economic Development (EOED) and offers programs to eligible cannabis entrepreneurs.

The legislation also established the Cannabis Social Equity Advisory Board to work with and advise EOED on the promulgation of regulations and utilization of the Trust Fund. The Trust Fund Regulations were completed and published in early 2024 as 400 CMR 8.00.

# New Social Equity Grant Program

- On September 24, 2024, EOED launched the new Social Equity Grant Program, which seeks to address the financial needs of cannabis social equity businesses by providing grants to eligible Marijuana Establishments, Medical Marijuana Treatment Centers, as well as Pre-Licensed Cannabis Businesses.
- A Notice of Funding Availability (NOFA) has been posted on the program website as public notice to all prospective applicants interested in requesting financial assistance. The NOFA outlines the eligibility rules, program conditions, evaluation criteria, and other relevant information required to apply.
- EOED is offering this round of financial assistance as a competitive grant program to support social equity cannabis businesses. Each applicant will be able to request funding from one of four tiers, based on their license status with the Cannabis Control Commission (CCC) and stage of the business.

# Social Equity Grant Program, cont.

## Key Dates:

- NOFA Published: **September 24**
- Virtual Informational Webinar: **October 1 @ 12:00 noon**
  - *(Zoom registration link will be posted on website)*
- Application Deadline: **October 17 @ 11:59 p.m.**

**Eligibility:** To be eligible for funds from the Program, an applicant must be:

- A duly organized business entity in good standing located in Massachusetts;
- Qualified as a Pre-Licensed Cannabis Business or a Marijuana Establishment or Medical Marijuana Treatment Centers with a Provisional or Final License issued by the CCC;
- That has a majority of ownership designated by the CCC as an Economic Empowerment Priority Applicant or Social Equity Program Participant.

# Key Elements – Social Equity Grant Program

<b>Grant Award Size</b>	Grants will range from <b>\$25,000 to \$500,000.</b>
<b>Anticipated # of Grant Awards</b>	Grants will be awarded to eligible applicants that meet the program's review criteria.
<b>Review criteria</b>	Applicant business eligibility, social equity status and ownership, clear project description and realistic timeline, demonstrated need and readiness to deploy financial assistance.
<b>Allowable Use of Funds</b>	Depending on the funding tier, grant funds may be used to support entry into the regulated cannabis industry, imminent or outstanding expenses essential to the operation of the business, support for the acquisition of final licensure and commencement of business operations, or funds to improve and expand the business.

# Key Elements, *continued*

<b>Anticipated Timeline</b>	NOFA Published / Application Opened: <b>September 24, 2024</b> Application Deadline: <b>October 17, 2024 @ 11:59PM</b>
<b>Notification of Grant Decisions</b>	All applicants will be notified in writing about the decision made on their application no later than December 31, 2024.
<b>Contract Payment Terms</b>	All grant funds will be disbursed on a cost-reimbursement basis, based on the conditions and schedule outlined in the Contract.
<b>Reporting Requirements</b>	Grantees will be required to submit a report(s) with documentation of expenditures demonstrating use of all funds and to close out the contract, and must successfully close out any current contract, to be eligible to apply in any future round(s).

# Social Equity Grant Program Tiers

- The Social Equity Grant Program is a competitive program open to all eligible social equity cannabis business. Financial assistance is being offered through four tiers based on the applicant's license status and stage of the business.
- The four tiers are designed to address key needs in the various development stages of a cannabis business. Specifically, each tier has the following goals:
  - **Tier 1 – Industry Entry Support**
  - **Tier 2 – Immediate Needs**
  - **Tier 3 – Support for Commencement of Operations**
  - **Tier 4 – Existing Business Growth and Expansion**
- The following slides will provide more detail about each tier in terms of eligibility, maximum grant size, and description of the support available. **Each applicant may only apply for funding from one tier.**

# Tier 1 – Industry Entry Support

Maximum Grant Size: \$25,000

Eligible Applicants
Pre-Licensed Cannabis Businesses (defined as a duly organized business entity in good standing and located in Massachusetts with a majority ownership comprised of individuals that are Economic Empowerment Priority Applicants or Social Equity Program Participants, without a provisional or final license from the CCC, that intends to apply to the CCC for licensure).
Description of Support
Applicants may request funds for future expenses to support entry into the regulated cannabis industry
Allowable Use of Funds
<ul style="list-style-type: none"><li>• Professional Services – Consultant, financial, or legal fees for document and application preparation, feasibility and market studies, etc.;</li><li>• Regulatory and Compliance Fees - Permitting and site assessment; licensing or regulatory fees that support license application preparation; or</li><li>• Other expenses that support entry into the regulated cannabis industry.</li></ul>

# Tier 2 – Immediate Needs

Maximum Grant Size: \$50,000

Eligible Applicants
Provisional and Final Licensees
Description of Support
Applicants may request funds to support past expenses incurred as of July 1, 2024, that are essential to the operation of the business or needed to maintain licensure and remain in good standing.
Allowable Use of Funds
<ul style="list-style-type: none"><li>• Personnel Costs - Business payroll expenses;</li><li>• Facility Fees - Lease or mortgage payments, utilities, etc.;</li><li>• Debt service - Loans repayments or business debt service, both principal and interest, to help bring loans current (not for any prepayment of principal or interest); or</li><li>• Other expenses that support stabilizing the business.</li></ul>

# Tier 3 – Support to Commence Operations

Maximum Grant Size: \$250,000

Eligible Applicants
Provisional Licensees and Final Licensees without a notice to commence operations from the CCC.
Description of Support
Applicants may request funds for past (up to \$50,000) or future expenses to support the acquisition of final licensure and commencement of business operations.
Allowable Use of Funds
<ul style="list-style-type: none"><li>• Business Expenses - Equipment or supplies;</li><li>• Facility Capital Expenses - Construction, renovation or build-out of facility; security system installation; building system installation (HVAC, electrical, plumbing, etc.);</li><li>• Professional Services - Legal, financial, consulting, architectural, marketing/advertising, or facility services (HVAC, Electrician, Plumbing, etc.);</li><li>• Regulatory Fees - Application, permitting, licensing (certain exclusions apply – see limitations of funds) and other regulatory fees needed for Final Licensure, including insurance fees; or</li><li>• Vehicle lease or purchase used to distribute, transport or deliver marijuana or marijuana products (limited to businesses with a delivery or transporter license from the CCC).</li></ul>

# Tier 4 – Existing Business Growth and Expansion

Maximum Grant Size: \$500,000 (with 1:1 cash match required if request is over \$250K)

Eligible Applicants
Final Licensees that have received notice to commence operations from the CCC.
Description of Support
Applicants may use funds for past (up to \$50,000) or future expenses to improve or expand the business.
Allowable Use of Funds
<ul style="list-style-type: none"><li>• Business Expenses - Equipment or supplies;</li><li>• Facility Capital Improvements or Expansions - Construction, renovation or build-out of existing facility; security system upgrades; building system upgrades (HVAC, electrical, plumbing, etc.);</li><li>• Professional Services - Legal, financial, consulting, architectural, advertising/marketing or facility services (HVAC, Electrician, Plumbing, etc.) for the improvement or expansion of the business; or</li><li>• Vehicle lease or purchase used to distribute, transport or deliver marijuana or marijuana products (limited to businesses with a delivery or transporter license from the CCC).</li></ul>

# Tier 4 - Cash Match Requirement

- In developing the guidelines for the Social Equity Grant Program, EOED determined that it would be important to include a match requirement for any grants above \$250K. This was due in part to the large size of the grant, but more relevantly, because the program is offering flexible funding opportunities. Many of EOED's grant programs include this requirement.
- Description of Match – A cash match requires applicants to contribute their own funds to a project when requesting grants over \$250,000. The match requirement is meant for the applicant to show financial commitment and shared responsibility for total project costs.
- As a best practice, match requirements help both the state and the grantees to safeguard and leverage public resources intended to support the public good. Also, the match requirement is a best practice that is used by various other state's cannabis equity programs.
- Nevertheless, it is important to note that for the match requirement in the Tier 4 application of the Social Equity Grant Program, applicants are not being asked to prove or otherwise give evidence of the match, at the time of application. If awarded, the match requirement would be implemented during the fund disbursement process.

# Tier 4 - Cash Match Examples

**Examples of how an applicant would demonstrate the match in the application.** Again, at the time of application to Tier 4, the applicant will not need to prove or otherwise demonstrate the available cash for the match. If awarded a grant, the match will be calculated during the fund disbursement process.

**Example 1:** A Retail Licensee has a project to purchase two pieces of equipment for the business. The cost of one item is \$250,000 and the other costs \$100,000, for a total project cost of \$350,000. The first purchase (\$250K) would be fully covered by the grant, but the second item (\$100K) would be subject to the 1:1 match requirement. In this scenario, the applicant would request a \$300,000 grant, and in the budget table show that they will match this with \$50,000 (showing the total project cost as \$350K). If awarded, when submitting payment requests, the first bill(s) for \$250,000 would be reimbursed at 100%, while any additional bill(s) would be reimbursed at 50% up to the remaining \$50K of the grant.

**Example 2:** A Delivery Licensee is requesting grant support to purchase and retrofit four delivery vehicles and completely renovate a garage/dispatch building. Their total estimated cost for the project is \$750,000. In this case, the applicant could request \$500,000, and in the budget table show that they would match this with \$250,000 of their own funds (the total project cost showing as \$750K). If awarded, they would submit the first set of bills totaling \$250K, which would be reimbursed at 100%. They would then continue to submit bills for the additional \$500K of expenses, which would be reimbursed at 50% up to the remaining \$250K of the grant. The business would be expected to cover the other 50% to meet the match requirement.

# Limitation of Funds

Awardees are prohibited from using grant funds for the following purposes:

- Purchase of marijuana products, paraphernalia, or any related inventory.
- Food, entertainment, travel.
- Any fees eligible to be waived by the Cannabis Control Commission.
- Fines or penalties.
- Lobbying; allocations to reserve funds; or for the satisfaction of any obligation arising under or pursuant to a settlement agreement, judgement, consent decree, or judicially confirmed debt restructuring plan in a judicial, administrative, or regulatory proceeding.
- Grantees must prevent the duplication of benefits, which means grant funds may not be used to pay expenses if another source of financial aid has paid same expense.

Awardees may have additional restrictions imposed on the use of grant funds in terms of any Restricted Assets purchased with a grant.

# Application Packet

A complete application packet includes the following components with required attachments:

- Eligibility confirmation
- Information about business entity applying for financial assistance
- Information about the Cannabis Business and its licensing status
- Project Narrative
- Project Funding Request
- Certifications

EOED reserves the right to request additional information from the applicant or external sources as may be necessary to complete the application review or reject any and all submitted proposals and any or all parts of a proposed application.

# Review Criteria

The application will require applicants to describe and demonstrate their proposed project and need for financial assistance. The application will be scored based on a 100-point scale, as outlined below:

## Tiers 1 and 2:

- Duly established business located in Massachusetts in good standing. (up to 20 points)
- Cannabis business with social equity ownership of at least 51%. (up to 20 points)
- Clear and detailed project description, with realistic timeline. (up to 30 points)
- Compelling statement of need and clearly outlined budget proposal. (up to 30 points)

## Tiers 3 and 4:

- Duly established business located in Massachusetts in good standing. (up to 20 points)
- Cannabis business social equity ownership of at least 51%. (up to 20 points)
- Clear business description and leadership capacity. (up to 10 points)
- Detailed project description, with realistic timeline and outcomes. (up to 25 points)
- Compelling statement of need and clearly outlined budget proposal. (up to 25 points)

# Review Criteria, cont.

All tiers will be eligible to receive bonus points, as follows:

- Located in Area of Disproportionate Impact (5 points)
- Social Equity ownership of 75% or more (5 points)

## **Award Decisions**

Submitted applications will be evaluated after the close of the application period and all applicants will be notified in writing once final decisions are made on their application. Applicants must meet the eligibility criteria to be considered for an award. EOED will evaluate and score all applications and reserves the right to make partial awards based on an evaluation of applicant need, proposed use of funding, or as appropriate to ensure equitable distribution funds. Awarded applicants will receive an award letter outlining the amount of the approved grant and any conditions on the award. The award of a grant will be contingent on the successful execution of a contract with EOED which may include terms and conditions not set forth in this NOFA.

# Application Overview: Getting Started

Visit:  
<https://www.mass.gov/info-details/cannabis-social-equity-trust-fund>

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- ✓ Other Trust Fund Resources
- ✓ Past Programs
- ✓ Contact

**How to Apply**

To apply for financial assistance through the CSE Trust Fund, applicants must complete and submit a Full Application through the online grant application portal (Submittable). Once your organization is registered in the Submittable system, you may begin work on any available opportunities for the current round. Any designated user may access, edit, and/or save an application(s) on behalf of their organization.

FY25 Notice of Funding Availability (NOFA)

**1** → **Apply Here +**

**Find Submittable link on How To Apply page**

**Tier 1 - Social Equity Grant Program**  
Ends on Thur, Oct. 17, 11:59pm

**2** **Guidelines** ▾ **Submit**

**Sign Up** | **Sign In**

**Welcome!**

**3** Create your free Submittable account to get started.

If you're a new user, click Sign Up.  
If existing user, click Sign In.  
Click "Forgot" to reset your password.

Password

Confirm Password

First Name Last Name

**Sign Up**

By signing up you agree to our [Terms of Service](#) and [Privacy Policy](#).

**4** Answer all Eligibility screening questions, then click Next

**Eligibility Screening**

**Eligibility Screening:** Before proceeding, please review and confirm eligibility. The Applicant Business must meet, and check, all three of the following eligibility requirements to apply to the Social Equity Grant Program. The Applicant Business is:

A duly organized business entity in good standing and located in Massachusetts: *(required)*

☐ Yes  
☐ No

Qualified as a social equity cannabis business by one of the following: *(required)*

☐ The business entity has been designated by the CCC as an Economic Empowerment Priority Applicant; or

**5** You've started the application! You can save and return at any time.

**Section 1: Business Entity Applying for Financial Assistance**

*The information provided in this section shall pertain to the business entity applying for financial assistance from the Cannabis Social Equity Trust Fund.*

**1.1 Business Entity Legal Name** \*

Limit: 300 characters

# Application Overview

All applications must be submitted via the online application portal, Submittable. Every application starts with the same Eligibility Screening, as well as the same Section 1, regardless of which Tier was selected.

## Commonwealth of Massachusetts – Executive Office of Economic Development CANNABIS SOCIAL EQUITY GRANT PROGRAM

### APPLICATION TEMPLATE

*This template is provided as a guide for reference purposes only. All applications must be submitted electronically through the program's online application portal, Submittable, for consideration.*

**Eligibility Screening:** Before proceeding, please review and confirm eligibility. The Applicant Business must meet, and check, all three of the following eligibility requirements to apply to the Social Equity Grant Program. The Applicant Business is:

- ☐ A duly organized business entity in good standing and located in Massachusetts.
- ☐ Qualified as a social equity cannabis business by one of the following:
  - ☐ The business entity has been designated by the Cannabis Control Commission as an Economic Empowerment Priority Applicant; or
  - ☐ The majority ownership of the business entity is designated by the Cannabis Control Commission as Economic Empowerment Priority Applicant(s); or
  - ☐ The majority ownership of the business entity is designated by the Cannabis Control Commission as Social Equity Program Participant(s).
- ☐ A cannabis business with the following licensing status:
  - ☐ A Provisional or Final License issued by Cannabis Control Commission; or
  - ☐ Intention to apply to the Cannabis Control Commission for licensing in the future (includes businesses that have been pre-certified).

The Social Equity Grant Program (Grant Program) seeks to address the unique financial needs of the state's cannabis social equity businesses, which are defined as duly organized business entities in good standing and located in Massachusetts with a majority ownership comprised of individuals that are Economic Empowerment Priority Applicants or Social Equity Program Participants, as designated by the Massachusetts Cannabis Control Commission (CCC).

### Section 1: Business Entity Applying for Financial Assistance

*The information provided in this section shall pertain to the business entity applying for financial assistance from the Cannabis Social Equity Grant Program.*

- 1.1 Business Entity Legal Name: \_\_\_\_\_
- 1.2 Business Entity D/B/A: \_\_\_\_\_
- 1.3 Business Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_
- 1.4 Business Identification Numbers:  
FEIN: \_\_\_\_\_ DUNS#, if known: \_\_\_\_\_ Mass. Vendor Code, if known: VC \_\_\_\_\_
- 1.5 Business Entity Type: (Select from drop-down options)  

[LLC](#)  
[LLP](#)

☐ S-Corp      ☐ Partnership      ☐ Cooperative  
☐ C-Corp      ☐ Other: (Specify: \_\_\_\_\_)
- 1.6 Business Description – Provide a brief history of the business, including when and why it was created, as well as its goals, accomplishments, and overall challenges. \_\_\_\_\_  
(1,000 characters)
- 1.7 The following documents are required to demonstrate that the business entity is in good standing. Check each box and provide the corresponding certificates. All documents should be dated within 30 days of the application submission date.
  - ☐ Certificate of Good Standing from the Massachusetts Secretary of State's Corporations Division (<https://www.sec.state.ma.us/divisions/corporations/corporations.htm>).  
**ATTACHMENT:** Upload copy of certificate.
  - ☐ Certificate of Good Standing from the Department of Revenue (<https://www.mass.gov/info-details/dor-certificate-of-good-standing-and-or-corporate-tax-lien-waiver-faq>).  
**ATTACHMENT:** Upload copy of certificate (or letter of explanation if unable to provide).
  - ☐ Certificate of Compliance from the Massachusetts Department of Unemployment Assistance (<https://www.mass.gov/info-details/certificate-of-compliance-good-standing-from-department-of-unemployment-assistance-dua>).  
**ATTACHMENT:** Upload copy of certificate (or letter of explanation if unable to provide).
- 1.8 Indicate any other applicable certifications and/or classifications for this company (Optional):
  - ☐ Women-Owned Business Enterprise      ☐ Veteran-Owned Business Enterprise
  - ☐ Minority-Owned Business Enterprise      ☐ LGBTQ-Owned Business Enterprise
  - ☐ Disadvantaged Business Enterprise      ☐ Other: (specify: \_\_\_\_\_)
  - ☐ Disability Business Enterprise

# Tier 1 - Application Template

Commonwealth of Massachusetts – Executive Office of Economic Development  
**CANNABIS SOCIAL EQUITY GRANT PROGRAM**

**APPLICATION TEMPLATE**

*This template is provided as a guide for reference purposes only. All applications must be submitted electronically through the program's online application portal, Submittable, for consideration.*

**TIER 1 APPLICATION: Industry Entry Support**

The **Tier 1** application is for Pre-Licensed Cannabis Business, defined as a duly organized business entity in good standing and located in Massachusetts with a majority ownership comprised of individuals that are Economic Empowerment Priority Applicants or Social Equity Program Participants, without a provisional or final license from the CCC, that intends to apply to the CCC for licensure. A Pre-Licensed Cannabis Business **may apply for up to \$25,000** in funding from Tier 1 to support their entry into the regulated cannabis industry.

**Allowable Use of Funds:** Applicants may request funds to support entry into the regulated cannabis industry, such as document and application preparation, feasibility and market studies, including but not limited to:

- Professional Services – Consultant, financial, or legal fees;
- Regulatory and Compliance Fees - Permitting and site assessment; licensing or regulatory fees that support license application preparation; or
- Other expenses that support entry into the regulated cannabis industry.

**Criteria for Tier 1:** The Applicant Business must confirm that they have read the guidelines and understand the criteria for applying in this tier. Please check all the applicable statements below:

- ☐ I understand and confirm the business entity applying for financial assistance is a Pre-Licensed Cannabis Business without a provisional or final license from the Cannabis Control Commission that intends to apply for licensure.
- ☐ I understand that the maximum grant amount I can request is \$25,000; and
- ☐ I understand what types of expenses are allowable for this grant.

# Tier 1 - Application Template, cont.

## Section 2: Cannabis Business Information

2.1 Anticipated Cannabis Business License Type: (Select from drop-down options)

- |   |   |
|---|---|
| <input type="checkbox"/> Craft-Marijuana Cooperative    | <input type="checkbox"/> Marijuana Retailer                 |
| <input type="checkbox"/> Delivery Licensee              | <input type="checkbox"/> Marijuana Transporter              |
| <input type="checkbox"/> Marijuana Cultivator           | <input type="checkbox"/> Medical Marijuana Treatment Center |
| <input type="checkbox"/> Marijuana Microbusiness        | <input type="checkbox"/> Social Consumption Establishment   |
| <input type="checkbox"/> Marijuana Product Manufacturer | <input type="checkbox"/> Other: (Specify: _____)            |

2.2 Anticipated Cannabis Business Location - City/Town: \_\_\_\_\_

2.3 Anticipated Cannabis Business Location - Address, if known: \_\_\_\_\_

2.4 Will the business be located in an "Area of Disproportionate Impact" designated by the CCC (see definition in Attachment I of NOFA)? ☐ Yes ☐ No ☐ Not Yet Known

2.5 Business Ownership. For all individuals or entities with an ownership interest in the business entity applying for financial assistance, complete the table below with their name, contact information, percentage of ownership, social equity designation (Economic Empowerment Priority Applicant or Social Equity Program Participant), and identification of any ownership interest in another business applying for financial assistance under this program:

Name and Title/Role	Email Address and Phone Number	Percent Ownership*	EEA or SEP Certification Number (if applicable)	Has Ownership Interest in Other Application(s)? If yes, list business name(s)

\* Total percentage ownership of business entity must be a majority by Economic Empowerment Priority Applicants or Social Equity Program Participants for eligibility.

**ATTACHMENT:** Upload Business Entity's organizational documents, such as Articles of Organization or Certificate of Organization, filed with the Massachusetts Secretary of Commonwealth's Office:

**ATTACHMENT:** Upload evidence of the Business Entity's ownership, such as bylaws or operating agreement.

**ATTACHMENT:** Provide documentation for each individual listed above in Business Ownership, identified as having social equity status, that shows designation by the CCC as an Economic Empowerment Priority Applicant or Social Equity Program Participant (copy of certificate or email confirmation, for example).

2.6 Explain any deviations in the attachments from the information provided in the table above and/or why any of the requested documents may be unavailable. (500 characters)

## Section 3: Business and Project Description

3.1 Provide a detailed description of the project, or project components, that will be financed with the grant award and how the project relates and aligns with the applicant's plans for attaining licensure from the CCC. (1,000 characters)

3.2 Describe what progress has been made to date, and what steps remain. Include the expected timeline. (1,000 characters)

## Section 4: Statement of Need and Grant Request

4.1 Statement of Need – Describe why the business needs financial assistance at this time, and specifically how the grant will support entry into the regulated cannabis industry. (1,000 characters)

4.2 Amount Requested: \$ (up to \$25,000)

4.3 Use of Funds – Enter the amount requested by category and provide descriptions for the intended use of the funds. Applicant must request funds to support entry into the regulated cannabis industry, such as document and application preparation, feasibility and market studies, including but not limited to the following categories:

- I. Professional Services – Consultant, financial, or legal fees for document and application preparation, feasibility and market studies, etc.
- II. Regulatory and Compliance Fees - Permitting and site assessment; licensing or regulatory fees that support license application preparation; or
- III. Other expenses that support entry into the regulated cannabis industry.

Expense Category	Request Amount	Description
Professional Services		
Regulatory/Compliance Fees		
Other Expenses		
Total		

4.4 If needed, provide additional explanation(s) for the requested amounts: (500 characters)

4.5 Describe the extent to which the business has or has not accessed working capital from private sources and its experience accessing or attempting to access those resources: (500 characters)

4.6 Describe any other financial assistance your business may need in the future to competitively participate in the regulated marijuana industry: (500 characters)

# Tier 2 - Application Template

Commonwealth of Massachusetts - Executive Office of Economic Development  
**CANNABIS SOCIAL EQUITY GRANT PROGRAM**

**APPLICATION TEMPLATE**

*This template is provided as a guide for reference purposes only. All applications must be submitted electronically through the program's online application portal, Submittable, for consideration.*

**TIER 2 APPLICATION: Immediate Needs**

The **Tier 2** application is for social equity cannabis businesses that have a Provisional or Final License issued by the Cannabis Control Commission (CCC). A licensed cannabis business **may apply for up to \$50,000** in funding from Tier 2 to support past expenses incurred as of July 1, [2024](#) that are essential to the operation of the business or needed to maintain licensure and remain in good standing.

**Allowable Use of Funds:** Applicants may request funds to cover outstanding or past due expenses that are essential to the operations of the business or needed to maintain licensure and remain in good standing, including but not limited to

- Personnel Costs - Business payroll [expenses](#);
- Facility Fees - Lease or mortgage payments, utilities, [etc.](#);
- Debt service - Loans repayments or business debt service, both principal and interest, to help bring loans current (not for any prepayment of principal or interest); or
- Other expenses that support stabilizing the business.

**Criteria for Tier 2:** The Applicant Business must confirm that they have read the guidelines and understand the criteria for applying in this tier. Please check all the applicable statements below:

- ☐ My business has a current Provisional or Final License from the CCC.
- ☐ I understand that the maximum grant amount I can request is \$50,000; and
- ☐ I understand what types of expenses are allowable for this grant.

# Tier 2 - Application Template, cont.

## SECTION 2: Cannabis Business Information

2.1 Cannabis Business License Number: \_\_\_\_\_

2.2 Cannabis Business License Type: (Select from drop-down options)

- |   |   |
|---|---|
| <input type="checkbox"/> Craft-Marijuana Cooperative    | <input type="checkbox"/> Marijuana Retailer                 |
| <input type="checkbox"/> Delivery Licensee              | <input type="checkbox"/> Marijuana Transporter              |
| <input type="checkbox"/> Marijuana Cultivator           | <input type="checkbox"/> Medical Marijuana Treatment Center |
| <input type="checkbox"/> Marijuana Microbusiness        | <input type="checkbox"/> Social Consumption Establishment   |
| <input type="checkbox"/> Marijuana Product Manufacturer | <input type="checkbox"/> Other: (Specify: _____)            |

**ATTACHMENT:** Upload evidence of the Business Entity's license issued by the Cannabis Control Commission (copy of certificate or email confirmation, for example).

2.3 Cannabis Business Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

**ATTACHMENT:** Upload proof of occupancy or intent to occupy the premises where the applicant conducts or will conduct its licensed business (e.g. utility bill, lease, letter of intent, deed, etc.) or a letter explaining why the requested document is unavailable.

2.4 Is the business located in an "Area of Disproportionate Impact" designated by the CCC (see definition in Attachment I of NOFA)? ☐ Yes ☐ No

2.5 Business Ownership. For all individuals or entities with an ownership interest in the business entity applying for financial assistance, complete the table below with their name, contact information, percentage of ownership, social equity designation (Economic Empowerment Priority Applicant or Social Equity Program Participant), and identification of any ownership interest in another business applying for financial assistance under this program:

Name and Title/Role	Email Address and Phone Number	Percent Ownership*	EEA or SEP Certification Number (if applicable)	Has Ownership Interest in Other Application(s)? If yes, list business name(s)

\* Total percentage ownership of business entity must be a majority by Economic Empowerment Priority Applicants or Social Equity Program Participants for eligibility.

**ATTACHMENT:** Upload evidence of the Business Entity's ownership, such as CCC license application, renewal, or change in ownership form, showing percentage ownership.

**ATTACHMENT:** Provide documentation for each individual listed above in Business Ownership identified as having social equity status, that demonstrates designation as an Economic Empowerment Priority Applicant or Social Equity Program Participant (copy of certificate or email confirmation, for example).

2.6 Explain any deviations in the attachments from the information provided in the table above and/or why any of the requested documents may be unavailable. (500 characters)

2.7 How many individuals are employed by the company?  
Full Time Employees (at least 35 hrs./wk.): \_\_\_\_\_ Part Time Employees: \_\_\_\_\_

## SECTION 3: Business and Project Description

3.1 Provide a detailed description of the project, or project components, that will be financed with the grant award and how it will help the operations of the business. (1,000 characters)

3.2 Describe what progress has been made to date, what steps remain and expected timeline. (1,000 characters)

## SECTION 4: Statement of Need and Grant Request

4.1 Statement of Need – Describe why the business needs financial assistance at this time and how it will help to maintain licensure and remain in good standing. (1,000 characters)

4.2 Amount Requested: \$ \_\_\_\_\_ (up to \$50,000)

4.3 Use of Funds – Enter the amount requested by category and provide descriptions for the intended use of the funds. Applicant must request funds to cover outstanding or past due expenses that are essential to the operation of the business or needed to maintain licensure and remain in good standing, including but not limited to the following categories:

- (i) Personnel Costs - Business payroll expenses; and
- (ii) Facility Fees - Lease or mortgage payments, utilities, etc.; and
- (iii) Debt service - Loans repayments or business debt service, both principal and interest, to help bring loans current (not for any prepayment of principal or interest); and
- (iv) Other expenses that support stabilizing the business.

Expense Category	Request Amount	Description
Personnel Costs		
Facility Expenses		
Debt Service		
Other Expenses		
Total		

4.4 If needed, provide additional explanation(s) for the requested amounts: (500 characters)

4.5 Describe the extent to which the business currently has or has not accessed working capital from private sources and its experience accessing or attempting to access those resources: (500 characters)

4.6 Describe any other financial assistance your business may need in the future to competitively participate in the regulated marijuana industry: (500 characters)

# Tier 3 - Application Template

## Commonwealth of Massachusetts - Executive Office of Economic Development CANNABIS SOCIAL EQUITY GRANT PROGRAM

### APPLICATION TEMPLATE

*This template is provided as a guide for reference purposes only. All applications must be submitted electronically through the program's online application portal, Submittable, for consideration.*

### TIER 3 APPLICATION: Support for License Acquisition and Commencement of Business Operations

The Tier 3 application is for social equity cannabis businesses with a Provisional License from the CCC or Final License but have not yet received notice to commence operations from the CCC. The business may request up to \$250,000 in funding from Tier 3 to support the acquisition of final licensure and commencement of business operations. (NOTE: up to \$50,000 of the grant may be used for past expenses incurred as of July 1, 2024)

**Allowable Use of Funds:** Applicants may request funds for past (up to \$50,000) or future expenses to support the acquisition of final licensure and commencement of business operations. Allowable expenses include, but are not limited to:

- Business Expenses - Equipment or supplies;
- Facility Capital Expenses - Construction, renovation or build-out of facility; security system installation; building system installation (HVAC, electrical, plumbing, etc.);
- Professional Services - Legal, financial, consulting, architectural, marketing/advertising, or facility services (HVAC, Electrician, Plumbing, etc.);
- Regulatory Fees - Application, permitting, licensing (certain exclusions apply – see limitations of funds set forth in the Notice of Funding Availability) and other regulatory fees needed for Final Licensure, including insurance fees; or
- Vehicle lease or purchase used to distribute, transport or deliver marijuana or marijuana products (limited to businesses with a delivery or transporter license from the Commission).

**Criteria for Tier 3:** The Applicant Business must confirm that they have read the guidelines and understand the criteria for applying in this tier. Please check all the applicable statements below:

- ☐ My business has a Provisional License from the CCC or a Final License but has not yet received notice to commence operations from the CCC.
- ☐ I understand that the maximum grant amount I can request is \$250,000; and
- ☐ I understand what types of expenses are allowable for this grant.

### Section 2: Cannabis Business Information

2.1 Cannabis Business License Number: \_\_\_\_\_

2.2 Cannabis Business License Type: (Select from drop-down options)

- |   |   |
|---|---|
| <input type="checkbox"/> Craft-Marijuana Cooperative    | <input type="checkbox"/> Marijuana Retailer                 |
| <input type="checkbox"/> Delivery Licensee              | <input type="checkbox"/> Marijuana Transporter              |
| <input type="checkbox"/> Marijuana Cultivator           | <input type="checkbox"/> Medical Marijuana Treatment Center |
| <input type="checkbox"/> Marijuana Microbusiness        | <input type="checkbox"/> Social Consumption Establishment   |
| <input type="checkbox"/> Marijuana Product Manufacturer | <input type="checkbox"/> Other: (Specify: _____)            |

**ATTACHMENT:** Upload evidence of the Business Entity's license issued by the Cannabis Control Commission (copy of certificate or email confirmation, for example).

2.3 Cannabis Business Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

**ATTACHMENT:** Upload proof of occupancy or intent to occupy the premises where the applicant conducts or will conduct its licensed business (e.g. utility bill, lease, letter of intent, deed, etc.) or explain why the requested document is unavailable.

2.4 Is the business located in an "Area of Disproportionate Impact" designated by the CCC (see definition in Attachment 1 of NOFA)? ☐ Yes ☐ No

2.5 Business Ownership. For all individuals or entities with an ownership interest in the business entity applying for financial assistance, complete the table below with their name, contact information, percentage of ownership, social equity designation (Economic Empowerment Priority Applicant or Social Equity Program Participant), and identification of any ownership interest in another business applying for financial assistance under this program:

Name and Title/Role	Email Address and Phone Number	Percent Ownership*	EEA or SEP Certification Number (if applicable)	Has Ownership Interest in Other Application(s)? If yes, list business name(s)

*Total percentage ownership of business entity must be a majority by Economic Empowerment Priority Applicants or Social Equity Program Participants for eligibility.*

**ATTACHMENT:** Upload evidence of the Business Entity's ownership, such as CCC license application, renewal, or change in ownership form, showing percentage ownership.

**ATTACHMENT:** Provide documentation for each individual listed above in Business Ownership identified as having social equity status, that demonstrates designation as an Economic Empowerment Priority Applicant or Social Equity Program Participant (copy of certificate or email confirmation, for example).

2.6 Explain any deviations in the documents from the information provided above: (500 characters)

# Tier 3 - Application Template, cont.

## SECTION 3: Business Description

- 3.1 Business Description – Provide a brief history of the business, including when and why it was created, as well as its goals, accomplishments, and overall challenges. \_\_\_\_\_  
(1,000 characters)
- 3.2 How many individuals are employed by the company?  
Full Time Employees (at least 35 hrs./wk.): \_\_\_\_\_ Part Time Employees: \_\_\_\_\_
- 3.3 Describe the business leadership or project team that will be responsible for carrying out the proposed work of this grant. Include any relevant experience they have had in building the business or effectively implementing similar projects. \_\_\_\_\_  
(1,000 characters)

## SECTION 4: Project Description

- 4.1 Provide a detailed description of the project, or project components, that will be financed with the grant award and how the project relates and aligns with the applicant's business plan. \_\_\_\_\_  
(1,000 characters)
- 4.2 What is the expected timeline for this project, and can it be completed within the next year? Include any tasks that need to be completed before spending the funds, (i.e. local approvals, procurement, hiring contractors, etc.) and notable deadlines. \_\_\_\_\_  
(500 characters)
- 4.3 Describe the company's progress in completing the necessary steps to attain final licensure or notification from the CCC to commence operations, what steps remain, and how this project will help advance that goal. \_\_\_\_\_  
(1,000 characters)
- 4.4 What are the anticipated challenges this project may face and what plans does the applicant have to overcome them. \_\_\_\_\_  
(1,000 characters)
- 4.5 Anticipated Outcomes: Describe the quantifiable benefits that the applicant expects to achieve with this project. Specifically, outline the relevant economic impact to the business and the community. (If known, may include other potential economic indicators, such as estimated increase to revenue and tax collections, addition of new jobs, new partnerships with ancillary social equity businesses, etc.). \_\_\_\_\_  
(1,000 characters)

## SECTION 5: Statement of Need and Funding Request

- 5.1 Statement of Need: Describe why the business needs financial assistance at this time and how the requested expenses will support the acquisition of final licensure and commencement of business operations. \_\_\_\_\_  
(1,000 characters)

- 5.2 Describe the extent to which the business currently has or has not accessed working capital from private sources, and its experience accessing or attempting to access those resources: \_\_\_\_\_  
(500 characters)
- 5.3 Describe the total estimated total cost of this project, inclusive of this grant. \_\_\_\_\_  
(500 characters)
- 5.4 Amount Requested (up to \$250,000, of which \$50,000 may be used for past expenses incurred as of July 1, 2024): \$ \_\_\_\_\_
- 5.5 Use of Funds – Enter the amount requested by category and provide descriptions for the intended use of the funds. The expenses should support the acquisition of final licensure and commencement of business operations. Up to \$50,000 may be included for past expenses incurred as of July 1, 2024. Allowed expenses include, but are not limited to:

- (i) Business Expenses - Equipment or supplies;
- (ii) Facility Capital Expenses - Construction, renovation or build-out of facility; security system installation; building system installation (HVAC, electrical, plumbing, etc.);
- (iii) Professional Services - Legal, financial, consulting, architectural, marketing/advertising, or facility services (HVAC, Electrician, Plumbing, etc.);
- (iv) Regulatory Fees - Application, permitting, licensing (certain exclusions apply – see limitations of funds set forth in the Notice of Funding Availability) and other regulatory fees needed for Final Licensure, including Insurance Fees; or
- (v) Vehicle lease or purchase used to distribute, transport or deliver marijuana or marijuana products (limited to businesses with a delivery or transporter license from the Commission).

Expense Category	Request Amount	Description
Business Expenses		
Facility Capital Improvements		
Professional Services		
Regulatory Fees		
Vehicle Lease/Purchase		
Total		

- 5.6 If needed, provide additional explanation(s) for the requested amounts: \_\_\_\_\_  
(500 characters)
- 5.7 Describe any other financial assistance your business may need in the future to competitively participate in the regulated marijuana industry: \_\_\_\_\_  
(500 characters)

# Tier 4 - Application Template

## Commonwealth of Massachusetts – Executive Office of Economic Development CANNABIS SOCIAL EQUITY GRANT PROGRAM

### APPLICATION TEMPLATE

*This template is provided as a guide for reference purposes only. All applications must be submitted electronically through the program's online application portal, Submittable, for consideration.*

### TIER 4 APPLICATION: Existing Business Improvement or Expansion

The **Tier 4** application is for social equity cannabis businesses that have a Final License issued by the CCC **AND** have commenced operations. The cannabis business **may request up to \$500,000** in funding from Tier 4 to support existing business improvement or expansion. (NOTE: up to \$50,000 of the grant may be used for past expenses incurred as of July 1, 2024)

**NOTE:** Tier 4 includes a **Cash Match Requirement** for requests over \$250,000. Applicants may request up to \$500,000 in grants funds. However, they will need to demonstrate the ability to provide a 1:1 cash match for any amount requested over \$250,000.

**Allowable Use of Funds:** Applicants may request funds for past (up to \$50,000) or future expenses to improve or expand the business. Allowable expenses include, but are not limited to:

- Business Expenses - Equipment or supplies;
- Facility Capital Improvements or Expansions - Construction, renovation or build-out of existing facility; security system upgrades; building system upgrades (HVAC, electrical, plumbing, etc.);
- Professional Services - Legal, financial, consulting, architectural, advertising/marketing or facility services (HVAC, Electrician, Plumbing, etc.) for the improvement or expansion of the business; or
- Vehicle lease or purchase used to distribute, transport or deliver marijuana or marijuana products (limited to businesses with a delivery or transporter license from the Commission).

**Criteria for Tier 4:** The Applicant Business must confirm that they have read the guidelines and understand the criteria for applying in this tier. Please check all the applicable statements below:

- ☐ My business has a current Final License from the CCC and has commenced operations.
- ☐ I understand that the maximum grant amount I can request is \$500,000; and
- ☐ I understand what types of expenses are allowable for this grant.

### Section 2: Cannabis Business Information

2.1 Cannabis Business License Number: \_\_\_\_\_

2.2 Cannabis Business License Type: (Select from drop-down options)

- |   |   |
|---|---|
| <input type="checkbox"/> Craft-Marijuana Cooperative    | <input type="checkbox"/> Marijuana Retailer                 |
| <input type="checkbox"/> Delivery Licensee              | <input type="checkbox"/> Marijuana Transporter              |
| <input type="checkbox"/> Marijuana Cultivator           | <input type="checkbox"/> Medical Marijuana Treatment Center |
| <input type="checkbox"/> Marijuana Microbusiness        | <input type="checkbox"/> Social Consumption Establishment   |
| <input type="checkbox"/> Marijuana Product Manufacturer | <input type="checkbox"/> Other: (Specify: _____)            |

**ATTACHMENT:** Upload evidence of the Business Entity's license issued by the Cannabis Control Commission (copy of certificate or email confirmation, for example).

2.3 Cannabis Business Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

**ATTACHMENT:** Upload proof of occupancy or intent to occupy the premises where the applicant conducts or will conduct its licensed business (e.g. utility bill, lease, letter of intent, deed, etc.) or explain why the requested document is unavailable.

2.4 Is the business located in an "Area of Disproportionate Impact" designated by the CCC (see definition in Attachment 1 of NOFA)? ☐ Yes ☐ No

2.5 Business Ownership. For all individuals or entities with an ownership interest in the business entity applying for financial assistance, complete the table below with their name, contact information, percentage of ownership, social equity designation (Economic Empowerment Priority Applicant or Social Equity Program Participant), and identification of any ownership interest in another business applying for financial assistance under this program:

Name and Title/Role	Email Address and Phone Number	Percent Ownership*	EEA or SEP Certification Number (if applicable)	Has Ownership Interest in Other Application(s)? If yes, list business name(s)

*Total percentage ownership of business entity must be a majority by Economic Empowerment Priority Applicants or Social Equity Program Participants for eligibility.*

**ATTACHMENT:** Upload evidence of the Business Entity's ownership, such as CCC license application, renewal, or change in ownership form, showing percentage ownership.

**ATTACHMENT:** Provide documentation for each individual listed above in Business Ownership identified as having social equity status, that demonstrates designation as an Economic Empowerment Priority Applicant or Social Equity Program Participant (copy of certificate or email confirmation, for example).

2.6 Explain any deviations in the documents from the information provided above: (500 characters)

# Tier 4 - Application Template, cont.

## SECTION 3: Business Description

- 3.1 Business Description – Provide a brief history of the business, including when and why it was created, as well as its goals, accomplishments, and overall challenges. \_\_\_\_\_  
(1,000 characters)
- 3.2 How many individuals are employed by the company?  
Full Time Employees (at least 35 hrs./wk.): \_\_\_\_\_ Part Time Employees: \_\_\_\_\_
- 3.3 Describe the business leadership or project team that will be responsible for carrying out the proposed work of this grant. Include any relevant experience they have had in building the business or effectively implementing similar projects. \_\_\_\_\_  
(1,000 characters)

## SECTION 4: Project Description

- 4.1 Provide a detailed description of the project, or project components, that will be financed with the grant award and how the project relates and aligns with the applicant's business plan. \_\_\_\_\_  
(1,000 characters)
- 4.2 What is the expected timeline for this project, and can it be completed within the next year? Include any tasks that need to be completed before spending the funds, (i.e. local approvals, procurement, hiring contractors, etc.) and notable deadlines. \_\_\_\_\_  
(500 characters)
- 4.3 Describe any progress that the business has made in planning and preparing for this project. \_\_\_\_\_  
(1,000 characters)
- 4.4 What are the anticipated challenges that this project may face and what plans does the applicant have to overcome them. \_\_\_\_\_  
(1,000 characters)
- 4.5 Anticipated Outcomes: Describe the quantifiable benefits that the applicant expects to achieve with this project. Specifically, outline the relevant economic impact to the business and the community. (If known, may include other potential economic indicators, such as estimated increase to revenue and tax collections, addition of new jobs, new partnerships with ancillary social equity businesses, etc.). \_\_\_\_\_  
(1,000 characters)

## SECTION 5: Project Budget and Funding Request

- 5.1 Statement of Need: Describe why the business needs financial assistance at this time and how the requested expenses will improve or expand the business. \_\_\_\_\_  
(1,000 characters)
- 5.2 Describe the extent to which the business currently has or has not accessed working capital from private sources, and its experience accessing or attempting to access those resources: \_\_\_\_\_  
(500 characters)

- 5.3 Describe the total estimated cost of this project, inclusive of this grant. \_\_\_\_\_ (500 characters)
- 5.4 Amount Requested (up to \$250,000, of which \$50,000 may be used for past expenses incurred as of July 1, 2024): \$ \_\_\_\_\_
- 5.5 If requesting more than \$250,000, describe the source of funding to satisfy the matching requirement. \_\_\_\_\_ (500 characters)
- 5.6 Use of Funds – Enter the amount requested by category and provide descriptions for the intended use of the funds. The expenses should support the improvement or expansion of the business. Up to \$50,000 may be included for past expenses incurred as of July 1, 2024. Allowed expenses include, but are not limited to:

- (i) Business Expenses - Equipment or supplies;
- (ii) Facility Capital Improvements or Expansions - Construction, renovation or build-out of existing facility; security system upgrades; building system upgrades (HVAC, electrical, plumbing, etc.);
- (iii) Professional Services - Legal, financial, consulting, architectural, advertising/marketing or facility services (HVAC, Electrician, Plumbing, etc.) for the improvement or expansion of the business; or
- (iv) Vehicle lease or purchase used to distribute, transport or deliver marijuana or marijuana products (limited to businesses with a delivery or transporter license from the Commission).

Expense Category	Grant Request	Match Amount	Total Project Budget	Description
Business Expenses				
Facility Improvements				
Professional Services				
Vehicle Lease/Purchase				
Totals				

- 5.7 If needed, provide additional explanation(s) for the requested amounts. \_\_\_\_\_ (500 characters)
- 5.8 Describe any other financial assistance your business may need in the future to competitively participate in the regulated marijuana industry. \_\_\_\_\_ (500 characters)

# Final Section: Application Certifications Page

To be completed by the individual that is submitting this application on behalf of the Eligible Applicant Business Entity.

I, \_\_\_\_\_ (Submitter Name), hereby certify that I am duly authorized to submit this application on behalf of \_\_\_\_\_ (Applicant Business Entity Name). By entering my contact information in the spaces below, I further certify/affirm the following: (check each box to confirm.)

- ☐ The responses to the questions provided in this application, and the attached documentation, are true, accurate, and complete. I understand that the Executive Office of Economic Development (EOED), will rely on the information provided in this application to make decisions about whether to award a grant and that the Commonwealth reserves the right to take action against me, the applicant organization, and/or any other beneficiary of a grant, if any of the information provided is determined to be false, inaccurate, or misleading.
- ☐ The intended use of financial assistance requested is not, or will not be, covered by any other source of financial aid.
- ☐ The entity applying for financial assistance, or any person or entity with an ownership interest in the entity applying for financial assistance, does not currently have a determination of adverse suitability from the Commission.
- ☐ The entity applying for financial assistance, or any person or entity with an ownership interest in the entity applying for financial assistance, identified as having designation as an Economic Empowerment Priority Applicant or Social Equity Program Participant continue to meet the criteria allowing them to receive such initial designation.
- ☐ If awarded, the applicant organization has the capacity to carry out the project in accordance with all applicable laws and regulations.
- ☐ I understand and acknowledge that all materials submitted as part of this application are subject to disclosure under the Massachusetts Public Records Law.

Submitter Name: \_\_\_\_\_

Submitter Title/Role: \_\_\_\_\_

Submitter Email: \_\_\_\_\_

Submitter Phone #: \_\_\_\_\_

# Technical Issues

Specific Help Page for Applicants:

<https://submittable.help/en/collections/185534-help-for-applicants>

Common technical issues:

- Sharing a login (solution: use the Collaboration tool instead)
- Not completing all required fields (including tables)
- Having multiple windows open that are logged in (solution: log out, close out browser, log back in)

# Frequently Asked Questions

**Q: I received a grant in the previous (Immediate Needs) round. Can I apply to this new program for another grant.**

A: Yes. Applicants from a previous round may apply again in a future round, as long as they remain eligible and have successfully closed out the previous grant contract with EOED.

**Q: How many grants does EOED expect to make in this round of funding?**

A: EOED expects to award 100 or more grants, depending on the number of applications that are submitted and the results of the project evaluation.

**Q: What information will applicants need to have available when creating their account on Submittable?**

A: Applicants only need to provide a name and email to create an account.

# Frequently Asked Questions, cont.

**Q: My business holds several licenses and/or I am majority owner of more than one social equity business. Can I submit more than one application?**

A: Yes. For the purposes of Tiers 2, 3 and 4, a business is permitted to submit one application for each license they hold and may receive only one grant award per license. Tier 1 applicants may only submit one application per business entity.

**NOTE: Each application will be evaluated independently on its own merits.**

**Q: Is there an application fee?**

A: No, an application fee is not required to apply to EOED grant programs.

**Q Will applicants need to submit invoices/receipts with the application, as they did for the previous (Immediate Needs) program?**

A: No. Invoices and receipts will be requested after a grant has been awarded.

# **Additional Questions?**

# Thank You

**Thank you for your interest in the Social Equity Grant Program.**

For the most up to date information about the CSE Trust Fund, including this program, please visit [Cannabis Social Equity Trust Fund | Mass.gov](https://www.mass.gov/cannabis-social-equity-trust-fund)

Please email questions to: [CannabisEquityFund@mass.gov](mailto:CannabisEquityFund@mass.gov)

About the Executive Office of Economic Development, visit [www.mass.gov/eoed](https://www.mass.gov/eoed)