



# **Commonwealth of Massachusetts**

Executive Office of Economic Development

**Immediate Needs Grant Program**

**Information Session – January 30, 2024**





# Overview of Trust Fund

- The Cannabis Social Equity Trust Fund is established by Section 14A of Chapter 94G of the Massachusetts General Laws and administered by the Executive Office of Economic Development (EOED).
- It was created to provide financial assistance to entrepreneurs from communities that have been disproportionately harmed by marijuana prohibition and enforcement to encourage and support their participation in the Commonwealth's regulated marijuana industry.
- The statute also established the Cannabis Social Equity Advisory Board to work with and advise EOED on the promulgation of regulations and administration of the Trust Fund. For information on the Advisory Board's membership and meetings, visit <https://www.mass.gov/orgs/cannabis-social-equity-advisory-board>.
- Finally, EOED is in the process of promulgating regulations that will govern the administration of the CSE Trust Fund. The draft regulations (400 CMR 8.00) are available for review and download on the Trust Fund's webpage.

# Overview of Immediate Needs Grant Program

- EOED is offering this initial round of financial assistance in the form of a competitive grant program to support the operations of social equity cannabis businesses, with a focus on existing and operating businesses.
- For this initial round, eligible entities will be asked to prioritize their most urgent and immediate needs.
- To be eligible to apply, an applicant must be:
  - A Marijuana Business\*;
  - With a provisional or final license issued by the Massachusetts Cannabis Control Commission; and
  - That meets the criteria as an Economic Empowerment Priority Applicant or Social Equity Business.

\*Marijuana Establishments and Medical Marijuana Treatment Center, as defined by the CCC

# Key Elements – Immediate Needs Grant Program

<b>Total Grant Funds Available</b>	\$2.33 Million
<b>Grant Award Size</b>	An amount not to exceed \$50,000.
<b>Anticipated Number of Grant Awards</b>	Grants will be awarded to applicants that meet the program's criteria, until the available funds are exhausted. (Estimated number of grants is 40 to 60, depending on the total requests.)
<b>Eligible Applicants</b>	Massachusetts Marijuana Establishments or Medical Marijuana Treatment Centers with a provisional license or final license issued by the Cannabis Control Commission that qualifies as an Economic Empowerment Priority Applicant or Social Equity Business.
<b>Allowable Use of Funds</b>	<p>Grant funds may be used to support imminent or outstanding expenses essential to the operation of the business such as:</p> <ul style="list-style-type: none"><li>- personnel costs,</li><li>- rent, utility or other facility expenses,</li><li>- loan repayments or debt service,</li><li>- professional service payments, certain regulatory fees or other expenses that support stabilizing the business.</li></ul>

# Key Elements, *continued*

<b>Review criteria</b>	Applicant eligibility, intended use of funds, demonstrated need and urgency, and demonstrated capacity to deploy financial resources promptly.
<b>Anticipated Application Timeline</b>	NOFA Published / Application Opened: <b>January 23, 2024</b> Application Deadline: <b>February 15, 2024 (11:59 PM)</b>
<b>Informational Webinar</b>	<b>January 30, 2024, 12:00PM (Virtual)</b> - <i>Webinar recording and FAQ documents will be made available on the program website after the event.</i>
<b>Notification of Award Decisions</b>	All applicants will be notified in writing about the decision made on their application in March 2024.
<b>Acquisition Method and Contract Payment Terms</b>	Grant awards will be disbursed within 45 days of the contract execution.
<b>Reporting Requirements</b>	Grantees will be required to submit a final report with documentation of expenditures demonstrating use of all funds to close out the contract, and must successfully close out any current contract, to be eligible to apply in any future round(s).

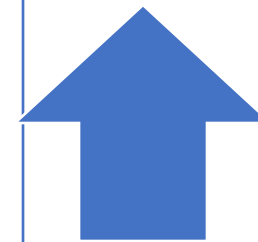
# Grant Funds

## Allowable Uses

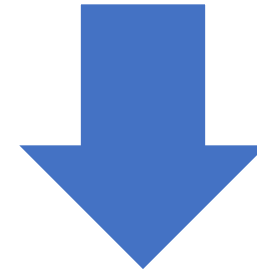
- **Personnel costs:** Business payroll expenses.
- **Rent, lease, utilities,** or other facility expenses
- **Regulatory Fees:** Application, permitting, licensing and other regulatory fees needed to maintain licensure;
- **Professional Services:** Outstanding bills for critical services, such as legal, accounting, 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.

## Prohibited Uses

- Marijuana Product
- Paraphernalia

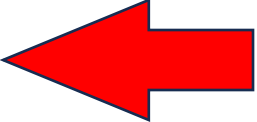


**\$50,000**  
maximum  
grant amount



No minimum  
grant amount

# Key Dates

- Application Open: **January 23, 2024, 9:00am**
- Application Information Session: **January 30, 2024, 12pm** 
- Application Deadline: **February 15, 2024, 11:59pm**
- Notice of Award Decisions: **March 2024**
- Payment Disbursements: **Within 45 days of contract signing (April/May 2024)**

# Application Overview: Getting Started

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## How to Apply

To apply for financial assistance through the CSE Trust Fund, applicants must first 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 opportunities for the current round. Any designated user may access, edit, and/or application(s) on behalf of their organization.

[Immediate Needs Grant Program NOFA \(PDF\)](#)

[Executive Office of Economic Development Cannabis Social Equity Trust Fund Manager \(submittable.com\)](#)

**1** Find Submittable link on [How To Apply](#) page

## Immediate Needs Grant Program

Ends on Fri, Feb. 15, 11:59pm

**2** [Guidelines](#) [Submit](#)

[Sign Up](#) [Sign In](#)

**3** **Welcome!**

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:** The Applicant Business must meet all of the following eligibility requirements to apply to the Immediate Needs Grant Program. Before proceeding, please review and confirm eligibility by checking all applicable statements. The Applicant Business is:

☐ A duly organized business entity in good standing and located in Massachusetts; and

☐ A Marijuana Establishment or Medical Marijuana Treatment Center with a Provisional or Final License issued by the Cannabis Control Commission (Commission); and

Qualified as an Economic Empowerment Priority Applicant or Social Equity Business because: \*

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

☐ The business entity has a majority of ownership designated by the Commission 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

## CANNABIS SOCIAL EQUITY TRUST FUND IMMEDIATE NEEDS 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 for consideration.*

**Eligibility:** The Applicant Business must meet all of the following eligibility requirements to apply to the Immediate Needs Grant Program. Before proceeding, please review and confirm eligibility by checking all applicable statements. The Applicant Business is:

- ☐ A duly organized business entity in good standing and located in Massachusetts; and
- ☐ A Marijuana Establishment or Medical Marijuana Treatment Center with a Provisional or Final License issued by the Cannabis Control Commission (Commission); and
- ☐ Qualified as an Economic Empowerment Priority Applicant or Social Equity Business because:
  - ☐ the business entity has been designated by the Commission as an Economic Empowerment Priority Applicant; or
  - ☐ the business entity has a majority of ownership designated by the Commission as an Economic Empowerment Priority Applicant; or
  - ☐ the business entity has a majority of ownership designated by the Commission as Social Equity Program Participants.

### 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: \_\_\_\_\_
- 1.2 Business Entity D/B/A: \_\_\_\_\_
- 1.3 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_
- 1.4 Mailing Address, if different: \_\_\_\_\_ City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_
- 1.5 Business Identification Numbers:  
FEIN: \_\_\_\_\_ DUNS#, if known: \_\_\_\_\_ Mass. Vendor Code, if known: VC
- 1.6 Business Entity Type: (Select from drop-down options)
- |                              |                                 |  |                                      |
|------------------------------|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> LLC | <input type="checkbox"/> S-Corp | <input type="checkbox"/> Partnership             | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> LLP | <input type="checkbox"/> C-Corp | <input type="checkbox"/> Other: (Specify: _____) |                                      |

- 1.7 Business Description – Provide a brief narrative about the Applicant Business, such as the company's mission, history, and/or any other information that reviewers should know about. \_\_\_\_\_  
(1,000 characters)

- 1.8 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-faqs>)

**ATTACHMENT:** Upload copy of certificate.

☐ 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.

☐ Unable to provide one or more of these documents. Explain: \_\_\_\_\_ (500 characters)

- 1.9 Indicate any other applicable certifications and/or classifications for this company (Optional):

- |   |  |
|---|--|
| <input type="checkbox"/> Women-Owned Business Enterprise    | <input type="checkbox"/> Veteran-Owned Business Enterprise |
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> LGBTQ-Owned Business Enterprise   |
| <input type="checkbox"/> Disadvantaged Business Enterprise  | <input type="checkbox"/> Other: (specify: _____)           |
| <input type="checkbox"/> Disability Business Enterprise     |  |

### 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 Research Facility        |
| <input type="checkbox"/> Delivery Licensee                        | <input type="checkbox"/> Marijuana Retailer                 |
| <input type="checkbox"/> Independent Testing/Standards Laboratory | <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).

# Application Overview

- 2.3 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 or intending to apply for financial assistance under this program:

	A	B	C	D	E
	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)
1					
2					
3					
4					
5					

\* Total percentage ownership of business entity by Economic Empowerment Priority Applicants or Social Equity Program Participants must be equal to or more than 51% for eligibility.

**ATTACHMENT:** Upload evidence of the Business Entity's ownership. Commission license application, renewal, or change in ownership documentation evidencing percentage ownership. Explain any deviations in the documents submitted from the information provided above: (500 characters)

**ATTACHMENT:** Provide documentation for the business entity, or each individual listed in Section 2.3 Business Ownership identified as having social equity status, that evidences designation as an Economic Empowerment Priority Applicant or Social Equity Program Participant (copy of certificate or email confirmation, for example).

- 2.4 Is the business located in an "Area of Disproportionate Impact" designated by the Commission (see definition in Attachment I of NOFA)?

☐ Yes ☐ No

- 2.5 How many individuals are employed by the company?

Full Time Employees (at least 35 hours per week): \_\_\_\_\_

Part Time Employees: \_\_\_\_\_

- 2.6 Current state of the Cannabis Business: Provide a description of the status of the business, current conditions, including successes and challenges. \_\_\_\_\_

(1,000 characters)

## SECTION 3: Statement of Need and Request

- 3.1 Statement of Need: Describe why the business needs financial assistance at this time and how this request will support its operations and/or assist in stabilizing the business. \_\_\_\_\_

(1,000 characters)

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

- 3.3 Timeline – What is the anticipated timeline for this project? Include any tasks that applicant needs to complete before spending funds, and/or any notable deadlines. (500 characters)

- 3.4 Use of Funds – The applicant may request funds in one or all the categories below. However, the grand total requested must not exceed \$50,000. Funds may only be used to support outstanding or imminent expenses essential to the operation of the business, including:

- (i) Personnel costs such as business payroll expenses.
- (ii) Rent, utilities, or other facility expenses
- (iii) Professional services such as legal or accounting payments, and regulatory fees critical to the continued operation of the business, such as permitting, licensing and other regulatory fees; and/or
- (iv) Loans repayments or business debt service, both principal and interest, to help bring loans current (not for any prepayment of principal or interest);
- (v) Other expenses that support stabilizing the business.

Enter the amount requested by category and provide descriptions for the intended use of the funds. For each requested amount, upload backup documentation showing the urgent need. (Generally, these would show past due balances and/or upcoming obligations.) Documentation may include payroll registers, purchase orders, invoices, demand notices, etc.

Personnel Expenses	Request Amount	Description	Documentation
Payroll			Upload
Subtotal			

Facility Expenses	Request Amount	Description	Documentation
Rent/Lease			Upload
Utilities			Upload
Subtotal			

Regulatory Fees	Request Amount	Description	Documentation
Permitting, licensing or regulatory fees			Upload
Subtotal			

# Application Overview

Outstanding Professional Service Expenses	Request Amount	Description	Documentation
Attorney or Accounting fees			Upload
<b>Subtotal</b>			

Loan Repayment	Request Amount	Description	Documentation
Debt Service			Upload
<b>Subtotal</b>			

Other outstanding or Imminent Expenses Essential to the Operation of the Business	Request Amount	Description	Documentation
Other:			Upload
<b>Subtotal</b>			

**Grand Total:** \$

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

3.6 Describe any other financial assistance your business may need in the future to competitively participate in the regulated marijuana industry: \_\_\_\_\_  
(1,000 characters)

## SECTION 4: Application Certifications

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, is in good standing with the Cannabis Control Commission and has not received a recommendation or 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 #: \_\_\_\_\_

# Review Criteria

**To be recommended for funding, an application submitted by an eligible entity will be evaluated based primarily on the following criteria:**

- Applicant eligibility
- Intended use of funds
- Demonstrated need and urgency
- Demonstrated capacity to deploy financial resources promptly



# 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: Will there be more rounds of funding?**

A: EOED is prepared to run additional rounds and programs from the Trust Fund, as additional resources become available.

**Q: How many applicants are expected to receive grant funds during this initial round of funding?**

A: EOED expects to award between 40-60 applicants this round depending on the number of eligible proposals.

**Q: I am the majority owner of two Social Equity Businesses. Will I be eligible to submit applications for both businesses?**

A: No. Social Equity Businesses with common ownership of more than a majority are limited to receiving one award for financial assistance per funding round.

# Frequently Asked Questions, cont.

**Q: If my business applies for this round of the Immediate Needs Grant Program, and is awarded financial assistance, will we be eligible to apply again in a future round?**

A: Yes. Social Equity Businesses will be eligible to apply for future rounds of the Immediate Needs Grant Program, as long as they remain in good standing and have successfully closed out the previous grant contract.

**Q: If my business applies for this round of the Immediate Needs Grant Program, and is not awarded financial assistance, will we be able to apply again in future round?**

A: Yes. Applicants who qualify for financial assistance but are not selected in a given round of the Immediate Needs Grant Program may be prioritized during the next funding round of the program.

**Additional Questions?**



# Thank You

Thank you for your interest in the CSE Trust Fund  
Immediate Needs 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)

Contact us at: [CannabisEquityFund@mass.gov](mailto:CannabisEquityFund@mass.gov)