State of California, Department of Cannabis Control, Retail Access Grant

Application Cover Sheet

Applicant Information

Local jurisdiction name: Click or tap here to enter text.

Jurisdiction type (city or county): Choose an item.

Federal employer identification number (FEIN): Click or tap here to enter text.

Contact Information

Primary Contact:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Alternate Primary Contact (optional):

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Person who will be responsible for development of the local cannabis retailer permitting program:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.



Requested Grant Funds

Eligible Phase I Funding Amounts

Population	Phase I Funding	Phase I Equity Bonus		
0-14,999	\$100,000	\$15,000		
15,000-29,999	\$125,000	\$30,000		
30,000-44,999	\$150,000	\$45,000		
45,000-59,999	\$175,000	\$60,000		
60,000-74,999	\$200,000	\$75,000		
75,000-89,999	\$225,000	\$90,000		
90,000-104,999	\$250,000	\$105,000		
105,000-119,999	\$275,000	\$120,000		
120,000-134,999	\$300,000	\$135,000		
135,000+	\$325,000	\$150,000		

Requested Funding

Population of the jurisdiction: Choose an item.

Instructions: Use the California Department of Finance's 2022 <u>Population Estimates for Cities</u>, <u>Counties</u>, <u>and the State (E-1)</u> to determine your jurisdiction's population. County populations are determined by counting only the population in the unincorporated areas of the county, denoted on the spreadsheet as "Balance of County," under each respective county name.

Requested Phase I Funding Amount: Click or tap here to enter text.
Does your jurisdiction plan to issue retail licenses to cannabis equity businesses?
☐Yes. Requested Phase I Equity Bonus Amount: Click or tap here to enter text.
□No

Priority Review

If you believe you are eligible for priority review, mark the box(es) below to indicate which criteria you meet. You may be required to demonstrate your eligibility on the Attachment A: Permitting Plan form.

\square Equity Licensing Opportunities : The proposed retail licensing program contains provisions
to assist equity applicants.
□Consumption Exceeding Retail Share: The applicant jurisdiction is one of the following

Consumption Exceeding Retail Share: The applicant jurisdiction is one of the following counties, or is a city located within one of the following counties: Amador, Butte, Contra Costa, Fresno, Glenn, Kern, Lassen, Madera, Orange, Placer, San Benito, San Diego, San Joaquin, San Mateo, Santa Clara, Sutter, Tehama, Yuba.



□ Existing Business Licensing Pathways: The proposed program would license cannabis retail businesses through the local jurisdiction's existing non-cannabis-business license process.
□ CEQA Exemptions: The proposed program will license only cannabis retail business projects that are eligible for a categorical exemption under the California Environmental Quality Act (CEQA).
Local Jurisdiction Status
Does your jurisdiction currently have an ordinance, resolution, or regulation allowing the establishment of one or more cannabis retail businesses within the local jurisdiction?
□Yes
□ No
Provide a link to any active local ordinances, resolutions or regulations related to commercial cannabis activity. If this information is not available online, attach a copy with your application.
Click or tap here to enter text.
Does your jurisdiction currently have a program to license/permit a cannabis retail business within the jurisdiction)?
□ Yes*
□ No
Has your jurisdiction ever accepted applications for any local cannabis retailer licenses?
□ Yes*
□ No
Does your jurisdiction currently have any <u>active</u> local cannabis retailer licenses?
□ Yes*
□ No
*If your answer is "yes", your jurisdiction is likely not eligible for the grant. If you still believe you are eligible, please explain:
Click or tap here to enter text.
Application Checklist
Mark the boxes below to affirm that you have included all required application forms with your submission:
□Attachment A: Permitting Plan (DCC-2626)
□Attachment B: Budget Plan (DCC-2627)



State of California, Department of Cannabis Control, Retail Access Grant

Attachment A: Permitting Plan

The Permitting Plan (DCC-2626) describes the local jurisdiction's plan to establish a cannabis retailer licensing program. If selected for a grant award, this Permitting Plan will be incorporated into the Grant Agreement as the Scope of Work.

Anticipated Local Cannabis Retail Licensing Program

What type(s) of cannabis retail activity will the jurisdiction allow? (Select all that apply)
□ Retail Storefront
☐ Retail Non-storefront (Delivery)
Will the jurisdiction allow adult-use, medicinal, or both adult-use and medicinal commercial cannabis activities?
☐ Adult-use only
☐ Medicinal only
☐ Both adult-use and medicinal
How will the jurisdiction license cannabis retail businesses?
☐ Through the existing non-cannabis business license process (eligible for priority review)
☐ Through a new cannabis-specific licensing process
Will the jurisdiction limit the number of cannabis retail licenses available?
□Yes
□ No
If the jurisdiction plans to limit the number of retail licenses available, approximately how many licenses will be made available? (<i>Please enter a whole number for each, not a range.</i>)
of storefront retail licenses: Click or tap here to enter text.
of non-storefront (delivery) retail licenses: Click or tap here to enter text.
If the jurisdiction plans to limit the number of retail licenses available, how do you propose to issue the licenses? (Select one)
□ Competitive
☐ First-come, first-serve
□ Lottery
☐ Other: Click or tap here to enter text.



,	ur program license only cannabls retail business projects that are eligible for a categorical tion under the California Environmental Quality Act (CEQA)?
1	□ Yes (eligible for priority review)
I	□ No
Antic	cipated Equity Program (If Applicable)
Will the	e jurisdiction's cannabis retail licensing program contain provisions to assist equity applicants?
1	□ Yes (eligible for priority review)
1	□ No
How wi	ill the jurisdiction assist equity businesses? (Select all that apply)
	□ Financial assistance
	☐ Application fee waivers
	☐ License fee waivers
	Please describe: Click or tap here to enter text.
I	☐ Technical assistance (<i>select one or more of the following</i>):
	□ Legal guidance
	□ Financial guidance
	☐ Assistance with local and state license applications
	☐ Compliance training
1	□ Other: Click or tap here to enter text.
How wi	ill "equity" be defined?
	☐ The jurisdiction has already completed an equity assessment. Provide a link or attach a copy: Click or tap here to enter text.
	□ The jurisdiction will complete an equity assessment.
	□ The jurisdiction will adopt the state's definition of "qualified equity applicant or licensee" ($\frac{CCR \text{ Title 4, } \$15014.1(a)}{a}$).
Will the	e jurisdiction limit the number of equity licenses available to cannabis retail businesses?
I	□ Yes
I	□ No
-	urisdiction plans to limit the number of equity licenses available, approximately how many es will be made available? (<i>Please enter a whole number for each, not a range.</i>)
7	# of storefront retail licenses: Click or tap here to enter text.
7	# of non-storefront (delivery) retail licenses: Click or tap here to enter text.



Local Cannabis Retail Permitting Plan

Completed Efforts

What steps have already been taken, if any, to develop a local cannabis retail licensing program? Click or tap here to enter text.

New Activities: Program Development

Will the establishment of a local cannabis retail licensing program require the adoption of a new ordinance or a change to existing ordinances?
□Yes. Has an ordinance already been drafted? □Yes □No
☐No. Please explain: Click or tap here to enter text.
What specific steps will you take to establish a local cannabis retailer licensing program? (Select all that you plan to do)
$\hfill\Box$ Draft an ordinance, resolution, or regulations allowing the establishment of cannabis retail businesses within the jurisdictional boundaries of the jurisdiction
\square Adopt an ordinance, resolution, or regulations allowing the establishment of cannabis retain businesses within the jurisdictional boundaries of the jurisdiction
☐ Hire staff and/or contractors
\square Hold community outreach meetings and engagement events
☐ Conduct surveys or otherwise solicit input
☐ Form a stakeholder workgroup or technical advisory committee
☐ Consult local jurisdictions with existing cannabis programs
☐ Conduct economic studies
☐ Conduct environmental reviews
☐ Develop application forms and/or an online application portal
☐ Other: Click or tap here to enter text.

Estimated Timeline

Utilize the chart below to provide an estimated timeline for the steps that you anticipate taking to establish the local cannabis retailer licensing program. The established timeline should include the steps marked in the question above and, if applicable, the establishment of the equity program.

Date	Event



When do you anticipate accepting your first cannab	ois retail license/permit application?
Date: Click or tap to enter a date.	
How long do you expect it will take to process each to license issuance?	license application, from application submission
Proposed timeline in months: Click or tap he	ere to enter text.
When do you anticipate issuing your first cannabis	retail business license within your jurisdiction?
Date: Click or tap to enter a date.	
Staffing and Resources	
Will you utilize existing staff, hire new staff, or use a retail licensing program? (Select all that apply & en positions for each)	· · · · · · · · · · · · · · · · · · ·
☐ Utilize existing staff – # of positions: Click	or tap here to enter text.
☐ Hire new staff (permanent) – # of position	s: Click or tap here to enter text.
☐ Hire new staff (temporary) – # of positions	s: Click or tap here to enter text.
☐ Use a contractor/consultant – # of position	ns: Click or tap here to enter text.
How many staff members, including contractors, wi icensing program on an ongoing basis?	ill you need to operate your cannabis retail
Total number of full-time equivalent positions	s: Click or tap here to enter text.



Budget Plan Instructions

General Guidance

- **1.** Enter the jurisdiction's name, Requested Phase I Funding Amount, and Requested Phase I Equity Bonus Amount, where indicated at the top of the Budget Plan spreadsheet. Complete each section as specified below.
- **2.** Make sure the information provided in this Budget Plan matches the responses on the Application Cover Sheet and Permitting Plan.
- **3.** All budget items must be for eligible uses and costs, as specified in the Grant Program Guidelines.
- **4.** Ensure all information is complete and correct. Please note, the Grand Total may exceed the Total Phase I Funding Requested, as jurisdictions will be eligible for additional funding later in the form of Phase II funding based on the number of retailer licenses issued.
- 5. Provide this completed Budget Plan as an Excel file (do not convert to a PDF).

Guidance on Budget Plan Sections

Program Development Costs

Indicate the jurisdiction's costs related to development and implementation of a local jurisdiction retailer licensing program. For example, staff and/or consultant time, and other necessary and reasonable expenses, to adopt a local cannabis retailer licensing program and issue retailer licenses.

Equity Program Costs (if applicable)

Indicate the jurisdiction's costs related to the development and implementation of the Equity Program Plan. For example, staff and/or consultant time, and other necessary and reasonable expenses, to assist local equity applicants and licensees. This may include, but is not limited to, application and license fee waivers, direct financial assistance to equity applicants and licensees, development of equity support infrastructure, and the provision of technical assistance and guidance.

Personnel Classification: List the title of the staff member(s).

Role in Project: Briefly describe their role in the project.

Annual Salary & Benefits: Enter the annual salary and benefits in dollars for each staff member using only numeric characters.

Percentage of Time: Enter the full-time equivalent (FTE) percent of time using only numeric characters. For example, for 25% enter "0.25".

Years: Enter the number of years the personnel will be working on the project.

Justification: Provide a budget narrative that explains and supports each identified expense and justifies expenses as appropriate for the Permitting Plan.

Description of Other Costs: List the other costs (such as consultants or supplies) and briefly describe the role or purpose in the project. Include "(subcontracted)" in the description of any line item that will be subcontracted.

Amount: Enter the cost of the expense/item.

Department of Cannabis Control, Retail Access Grant Program Attachment B - Budget Form (DCC-2627)

Jurisdiction Name:	
Requested Phase I Funding Amount:	\$ -
Requested Phase I Equity Bonus Amount:	\$ -

Total Amount Requested:	-

Program Development Costs

1 regram betrefepment event						
Personnel Classification	Role in Project	Annual Salary & Benefits	Percentage (of Time Year(s)	Total	Explanation of Cost
		\$	-		\$ -	
		\$	-		\$ -	
		\$	-		\$ -	
		\$	-		\$ -	
		\$	-		\$ -	
		\$	_		\$ -	

Description of Other Costs	Amount	Explanation of Cost
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

Program Development Costs Total: \$ -

Equity Program Costs (if applicable)

Equity 1 Togram Good (it approach)						
Personnel Classification	Role in Project	Annual Salary & Benefits	Percentage of Ti	ne Year(s)	Total	Explanation of Cost
		\$	-		\$ -	
		\$	-		\$ -	
		\$	-		\$ -	
		\$	-		\$ -	
		\$	-		\$ -	
	_	\$	_		\$ -	

Description of Other Equity Program Costs	Amount		Explanation of Cost
	\$	-	
	\$		
	\$	-	
	\$		
	\$	-	
	\$		
	\$	-	
	\$		
	\$	-	
	\$	-	

Equity Program Costs Total:	\$	

Grand Total:	\$ -	