

**Cannabis Opportunity Reinvestment & Equity (CORE) Program**

**BUSINESS REIMBURSEMENT REQUEST FORM**

Business Operating Permit (BOP) permit holders or applicants who have completed the CORE program are eligible to receive a reimbursement of up to \$25,000 for expenses incurred towards obtaining their permit. Requesters must own at least 51% of business. Reimbursement funds are provided by the Bureau of Cannabis Control (BCC) Equity Grant Fund award to the City of Sacramento.

Completed forms and receipts must be submitted to **Office of Cannabis Management** either by:

- 1) Mail addressed to:  
915 I Street, 2<sup>nd</sup> Floor  
Sacramento, CA 95814; OR
- 2) Email to [cannabis@cityofsacramento.org](mailto:cannabis@cityofsacramento.org)

**Requester's Name:** \_\_\_\_\_  
*(Last)* *(First)*

**Business Name:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_ **Requester's % of Ownership:** \_\_\_\_\_

**BOP Status:**

Issued \*      Permit #: \_\_\_\_\_ Date: \_\_\_\_\_  
 In Process      OP#: \_\_\_\_\_

**CORE Classification (check one):**     **1**     **2**     **3**     **4**     **5**

**CORE Program Completion:**

A. Sacramento Grow Green (Sacramento Asian Chamber of Commerce)

Completed    Date of Completion: \_\_\_\_\_  
 In Progress    Expected date of completion: \_\_\_\_\_

B. Sacramento Green Equity (Greater Sacramento Urban League)

Completed    Date of Completion: \_\_\_\_\_  
 In Progress    Expected date of completion: \_\_\_\_\_

*\*If BOP has been issued, qualifying expenses will be limited to those incurred after the issuance of the BOP.*

**Reimbursements are limited to items on the qualifying expense list. Requester can mix and match items for a total of reimbursement not to exceed \$25,000. Reimbursements are available on a per-permit basis. Receipts must be submitted along with request form or no reimbursement can occur.**

Check Item(s) that apply	QUALIFYING EXPENSE	DATE	AMOUNT
	Building permit fees		
	State application fees		
	Other permit fees		
	Rent (check qualifying criteria below):		
	Paid for CUP; reimbursement up to amount of CUP fees		
	Tenant in a shared manufacturing premises		
	Incubator		
	Security deposit		
	Security system		
	SMUD power upgrade		
	Equipment (must be specific to the business type. Please specify below):		
	Cultivation equipment:		
	Manufacturing equipment:		
	Equipment for delivery vehicles:		
	Safes/secured storage:		
	Inventory management system:		
	Business-related training or education (describe below):		
<b>TOTAL (must not exceed \$25,000)</b>			<b>\$</b>

**CERTIFICATION:**

\_\_\_ I certify that the information provided on this application is true.

\_\_\_ I authorize the Office of Cannabis Management to verify the authenticity of the receipts submitted along with this application.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

**BUREAU OF CANNABIS CONTROL REPORTING REQUIREMENTS:**

As a requirement of the BCC as part of the grant disbursement agreement, recipients of the grant funds must disclose the following demographic data. The information provided is not a basis for evaluating applicant's reimbursement request. The information collected will be consolidated and reported without the individual's identifying information.

**A. Gender:**

- Male  Other (please state): \_\_\_\_\_
- Female  Decline to state
- Gender Non-Conforming

**B. Sexual Orientation:**

- Gay  Other (Please state): \_\_\_\_\_
- Lesbian  Decline to state
- Straight

**C. Race/Ethnicity:**

- White (Provide details below):
  - German  Polish  Other (please state):
  - Italian  English \_\_\_\_\_
  - Irish  French \_\_\_\_\_
  
- Black or African American (Provide details below):
  - African American  Ethiopian  Other (please state):
  - Nigerian  Haitian \_\_\_\_\_
  - Jamaican  Somali \_\_\_\_\_
  
- Asian (Provide details below):
  - Chinese  Korean  Other (please state):
  - Vietnamese  Asian Indian \_\_\_\_\_
  - Filipino  Japanese \_\_\_\_\_
  
- Middle Eastern or North African (Provide details below):
  - Lebanese  Moroccan  Other (please state):
  - Syrian  Egyptian \_\_\_\_\_
  - Iranian  Israeli \_\_\_\_\_
  
- Native Hawaiian or Other Pacific Islander (Provide details below):
  - Native Hawaiian  Fijian  Other (please state):
  - Tongan  Chamorro \_\_\_\_\_
  - Samoan  Marshallese \_\_\_\_\_
  
- Some Other Race or Ethnicity (Please state): \_\_\_\_\_
  
- Decline to state

**D. Income (Personal Annual Income)**

- \$0 – \$25,000  \$49,001 - \$75,000
- \$25,001 - \$49,000  \$75,001 and above

**E. Prior Convictions**

- Yes  No

**F. Veteran Status**

- Yes (Veteran)  No (Non-Veteran)