

Cannabis Opportunity Reinvestment & Equity (CORE) Program

BUSINESS REIMBURSEMENT REQUEST FORM

Business Operating Permit (BOP) permit holders or applicants who have completed or are in 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, 2nd Floor
Sacramento, CA 95814; OR
- 2) Email to 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 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. Invoices submitted in lieu of receipts must be accompanied by a written proof of payment such as a credit card or bank statement.

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):		
TOTAL (must not exceed \$25,000)			\$

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
- Female
- Gender Non-Conforming
- Other (please state): _____
- Decline to state

B. Sexual Orientation:

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

C. Race/Ethnicity:

- White (Provide details below):
 - German
 - Italian
 - Irish
 - Polish
 - English
 - French
 - Other (please state): _____

- Black or African American (Provide details below):
 - African American
 - Nigerian
 - Jamaican
 - Ethiopian
 - Haitian
 - Somali
 - Other (please state): _____

- Asian (Provide details below):
 - Chinese
 - Vietnamese
 - Filipino
 - Korean
 - Asian Indian
 - Japanese
 - Other (please state): _____

- Middle Eastern or North African (Provide details below):
 - Lebanese
 - Syrian
 - Iranian
 - Moroccan
 - Egyptian
 - Israeli
 - Other (please state): _____

- Native Hawaiian or Other Pacific Islander (Provide details below):
 - Native Hawaiian
 - Tongan
 - Samoan
 - Fijian
 - Chamorro
 - Marshallese
 - Other (please state): _____

- Some Other Race or Ethnicity (Please state): _____
- Decline to state

D. Income (Personal Annual Income)

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

E. Prior Convictions

- Yes
- No

F. Veteran Status

- Yes (Veteran)
- No (Non-Veteran)