

Appendix: CanRenew Application Guide

Applicants will use a web-based application: <https://mn.gov/ocm/canrenew-grant-application/>

The online application will collect information in two ways:

- CanRenew Grant Online Application: Web-based entry of basic unscored information about your project (*all applicants*)
- Upload of relevant documents, including:
 - [Form A: Project Narrative, Workplan, and Certifications](#) (*all applicants*)
 - Letters of support
 - Work products
 - Organizational chart and list of board members
 - [Form B: Budget](#) (*all applicants*)
 - [Form C: Affidavit of Non-Collusion](#) (*all applicants*)
 - [Form D: Certification of No Disqualifying Convictions](#) (*tier 2 applicants only*)
 - Organization chart or list of principals
 - [Form E: Nonprofit Grantee Documents as Applicable](#) (*nonprofit applicants only*)
 - [Form F: For-Profit Required Documents, Lien Disclosure, and Certification](#) (*for-profit applicants only*)

The web-based application does not need to be completed in one sitting but is tied to a singular email.

We encourage preparing web-based answers and exhibits in advance in case of technological difficulties.

CanRenew Grant Online Application: Web-based questions

Data privacy acknowledgement (unscored - to be completed online)

The data privacy acknowledgement must be completed by an authorized representative. An authorized representative is a designated person at your organization authorized to sign contracts on behalf of the organization.

Tennessee warning notice

The Tennessee warning notice must be completed by an authorized representative. An authorized representative is a designated person at your organization authorized to sign contracts on behalf of the organization.

Contact and eligibility information (unscored)

Required responses are marked by an asterisk (*).

Applicant information

Organization name:*

Organization physical address:*

Organization mailing address:*

Organization website:*

Organization type:*

- ☐ Community group
- ☐ Educational institution
- ☐ Federally recognized Tribe
- ☐ Nonprofit organization
- ☐ Partnership between different types of organizations listed here (please note that sub-awards are not allowed with this grant)
- ☐ Private business
- ☐ Unit of local government

Grant point of contact

Point of contact name:*

Point of contact title:*

Point of contact email:*

Point of contact phone number:*

Authorized representative

If awarded a grant, is the person authorized to sign contracts on behalf of the organization the same point of contact person listed above?*

- ☐ Yes
- ☐ No

If no, please provide the following authorized representative information for signing any resulting contract agreement:

Authorized representative name:

Authorized representative title:

Authorized representative email:

Authorized representative phone number:

Eligibility

Federal tax ID number:*

Minnesota tax ID number:*

SWIFT profile ID number - Optional (if not currently enrolled and if awarded, all grant recipients will need to create profile):

Is your organization registered and in good standing with the Minnesota secretary of state?*

- ☐ Yes
- ☐ No

Attestations

Confirm that the following statements apply to you and/or your business/organization:

I/We do not owe the State of Minnesota any back taxes and have not defaulted on any State of Minnesota-backed financing in the last seven years.*

- ☐ True
- ☐ False

My business/organization is compliant with current state regulations.*

- ☐ True
- ☐ False

No one involved in the project or application for the grant is an employee of the Minnesota Office of Cannabis Management (OCM).*

- ☐ True
- ☐ False

No one involved in the project or application for the grant is a spouse of an employee of the Minnesota Office of Cannabis Management (OCM).*

- ☐ True
- ☐ False

If false, include the name of the employee. That employee will not be allowed to review the grant, and if the grant is awarded, that employee will have to sign a nondisclosure.

First name:

Last name:

I attest that I have the authority to apply on behalf of the business/organization and no other application is being submitted from this organization.*

- ☐ Yes
- ☐ No

I attest that none of the organization's current board members or staff with authority to access grant funds have been convicted of a felony financial crime in the last 10 years.*

- ☐ Yes
- ☐ No

I understand that if my application is successful, OCM cannot reimburse for any project expenses incurred or work performed prior to the start date of the contract.*

- ☐ Yes
- ☐ No

Grant Request (unscored)

Proposal title:*

Project description (250 characters, including spaces):*

- Provide a concise description of the proposed activities. Outline your objectives, how you plan to use the grants funds, and why this is a benefit to the target population. This proposal overview must be suitable for dissemination to the public.

Geographic area(s) served by this proposed project -

<https://apps.deed.state.mn.us/assets/lmi/areamap/plan.shtml> (select all that apply):*

- ☐ Check All (Statewide)
- ☐ Seven (7) county metro (Ramsey, Hennepin, Dakota, Anoka, Washington, Scott, Carver)
- ☐ Northeast
- ☐ Northwest
- ☐ Central
- ☐ Southwest
- ☐ Southeast

Which priority areas does your project address? (Select all that apply)*

- ☐ Economic development
- ☐ Social determinants of health
- ☐ Violence prevention
- ☐ Youth development
- ☐ Re-entry programs (including job placement)
- ☐ Civil legal aid
- ☐ Other: _____

Which priority area is your primary focus? (Select only one)*

- ☐ Economic development
- ☐ Social determinants of health
- ☐ Violence prevention
- ☐ Youth development
- ☐ Re-entry programs (including job placement)
- ☐ Civil legal aid
- ☐ Other: _____

Grant funds tier level:*

- ☐ Tier 1 (requesting amount between \$2,500-\$10,000)
- ☐ Tier 2 (requesting amount between \$50,000-\$2,000,000)

Grant funds requested:*

Total matching funds (cash):*

Total matching funds (in-kind):*

Expected project start date (no earlier than June 30, 2026):*

- Project may begin after award contract is signed, which is estimated to be June 30, 2026.

Expected project end date (no later than June 30, 2027):*

- All items and services must be received and paid for by the end date of the contract, which will be no later than June 30, 2027.
- You will have up to 90 days after your contract end date to submit for a reimbursement.

Form A: CanRenew Project Narrative, Workplan, and Certifications

Complete and upload this document to describe your organization's capacity and experience and the proposed project, including project design, workplan, and evaluation strategy. This document includes the following:

- ☐ Organization capacity and relevant experience (up to 25 points)
- ☐ Project design, methods, and workplan (up to 25 points)
- ☐ Outreach and community partnership (up to 25 points)
- ☐ Performance and evaluation (up to 10 points)
- ☐ Evidence of good standing (unscored)
- ☐ Performance capacity (unscored)

As part of this portion of the application, you may also submit letters of support from community partners and relevant work samples. You should also submit an org chart and list of board directors.

Form B: Budget (up to 15 points)

Complete and upload the budget for this proposed project using [the provided template](#) and describe the sources and amounts of any nonstate funds or in-kind contributions that will supplement grant money.*

Your proposed budget will be reviewed based on the following criteria:

- Budget has clearly defined including expenses and realistically aligns with the objectives and scope of your project.
- Each budget item is reasonable and well-justified, ensuring that all costs are necessary and directly tied to project activities.
- Costs are reasonable and justifiable for each element of the project.
- The budget aligns clearly with the goals and scope of the proposed project, demonstrating a strong understanding of project needs and priorities.
- The use of additional nonstate funds or in-kind contributions is effectively leveraged to maximize the project's impact and sustainability.

Budget template in separate Excel document: [Budget Template.xlsx](#)

Form C: Affidavit of Non-Collusion

Complete, sign, and upload the Affidavit. Please note that this Affidavit must be signed in the presence of a notary public. The secretary of state website maintains a [Find a Notary](#) tool if you are not already connected to one. The original document should be kept on file and available if subject to grantee site monitoring.

Form D: Certification of No Disqualifying Conviction

This is only required for Tier 2 applicants, i.e., applicants applying for \$50,000-\$2,000,000.

Complete, sign, and upload the certification. Please note that there are multiple pieces to this certification:

- Certification of no financial felonies by principals – attach organization chart or list of principals
- Certification of no disqualifying convictions by organizational leaders
- Consent to complete a public records check – completed and signed by each organizational leader

Form E: Nonprofit Grantee Documents as Applicable

This is only required for nonprofit applicants.

Complete and upload this document. Note that you will be required to submit additional documentation if selected as a finalist.

Form F: For-Profit Required Documents, Lien Disclosure, and Certification

This is only required for for-profit applicants.

Be prepared to complete and submit this if selected as a finalist. OCM grants staff will request it when needed.

CanRenew Grant Application Checklist

1. Review application materials

- ☐ All materials and links for applying can be found on the [CanRenew webpage \(https://mn.gov/ocm/social-equity/canrenew.jsp\)](https://mn.gov/ocm/social-equity/canrenew.jsp)
- ☐ Attend online webinars for additional details and online submission process
- ☐ Review frequently asked questions

2. Submit a complete application

- ☐ Complete [online application questions \(https://mn.gov/ocm/canrenew-grant-application/\)](https://mn.gov/ocm/canrenew-grant-application/) for the CanRenew community restoration grant
- ☐ Upload the following documents (all applicants)
 - [Form A: Project Narrative, Workplan, and Certifications \(https://mn.gov/ocm/grant-form-a/\)](https://mn.gov/ocm/grant-form-a/)
 - Organizational chart
 - Board list
 - Letters of support (optional)
 - Work samples (optional)
 - [Form B: Budget \(https://mn.gov/ocm/grant-form-b/\)](https://mn.gov/ocm/grant-form-b/)
 - [Form C: Affidavit of Non-Collusion \(https://mn.gov/ocm/grant-form-c/\)](https://mn.gov/ocm/grant-form-c/)
- ☐ Upload the following document (tier 2 applicants)
 - [Form D: Certification of No Disqualifying Convictions \(https://mn.gov/ocm/grant-form-d/\)](https://mn.gov/ocm/grant-form-d/)
 - Organization chart or list of principals whom you are certifying
 - Signatures from organizational leaders must be present
- ☐ Upload the following document (nonprofit applicants)
 - [Form E: Required Nonprofit Grantee Documents as Applicable \(https://mn.gov/ocm/grant-form-e/\)](https://mn.gov/ocm/grant-form-e/)
- ☐ Upload the following document (for-profit applicants)
 - [Form F: For-Profit Required Documents, Lien Disclosure, and Certification \(https://mn.gov/ocm/grant-form-f/\)](https://mn.gov/ocm/grant-form-f/)
- ☐ Submit completed application along with all necessary attachments