MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Appendix A: CanRenew Community Restoration Grant Application Questions

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Grant overview

The CanRenew community restoration grant program, established by the Minnesota State Legislature in 2023 under the Office of Cannabis Management (OCM), aims to promote equitable development in communities adversely affected by past cannabis prohibition laws. OCM's Division of Social Equity, part of the office's Division of Community and Economic Development, administers these grants supporting economic development, health improvements, violence prevention, youth development, and civil legal aid.

Funding availability and project dates: Grant projects may range from $50,000 to $2,000,000, with grantees announced in spring 2028 and projects starting around June 30, 2028. Awarded projects must support investments in communities with long-term residents who are eligible social equity applicants. Funds must be used within a one-year period, with operations commencing within 90 days of the award notice.

Priorities: Grant recipients must invest in communities where long-term residents are eligible to be social equity applicants. OCM's Division of Social Equity upholds three overarching priorities: community development, safety, and stability. Projects can address a range of community needs including:

1. Economic growth
2. Workforce development
3. Community engagement
4. Physical and emotional safety
5. Crime reduction
6. Civil legal aid
7. Other

Applications that actively demonstrate community support, support youth civic engagement/leadership and demonstrate a history of successful community investments are given priority. OCM intends to fund investments in eligible communities throughout the state.

Allowable expenses: Eligible expenses include costs directly related to delivering grant objectives, such as personnel, fringe benefits, in-state travel, equipment, supplies, and contractual services. Administrative costs, capped at 10% of the total project budget, cover accounting, human resources, IT support, office expenses, executive/supervisory salaries and fringe, rent, facilities maintenance, utilities, fleet vehicles, etc.

Submission information and important dates

- Request for proposal (RFP) posted on the OCM website: Oct. 22, 2026
- Applications due: Dec. 15, 2026, by 4:30 p.m. CST
- Grantees announced and negotiations begin: Estimated May 24, 2027
- Work plans approved and grants begin: Estimated June 30, 2027

Note: This document is a tool to view all application questions and can be used to gather information to answer the questions. It cannot be used to submit your application. To submit your answers, you will need to complete the online application at https://mn.gov/ocm/canrenew-grant-application/.

Data privacy acknowledgement

Per Minnesota Statutes, section 13.599, names and addresses of grant applicants and amount requested will be public data once proposal responses are opened.

All remaining data in proposal responses (except trade secret data as defined and classified in Minnesota Statutes, section 13.37) will be public data after the evaluation process is completed. For the purposes of this grant, data will be considered public when all grant agreements have been fully executed.

All data created or maintained by the Office of Cannabis Management (OCM) as part of the evaluation process (except trade secret data as defined and classified in Minnesota Statutes, section 13.37) will be public data after the evaluation process is completed. For the purposes of this grant, data will be considered public, when all the grant contract agreements have been fully executed.

I have read the above statements and I agree to supply the information requested with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Electronic signature of authorized representative*:

Title of authorized representative*:

Date signed*:

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 subawards are not allowed with this grant)
- ○ Private business (e.g., registered LLC)
- ○ Unit of local government

If this proposal is on behalf of a community group or a partnership between multiple organizations, you must have a fiscal sponsor who is a non-profit organization, private business, educational institution, local government, or federally recognized Tribal Nation. The application should be completed with that fiscal sponsor's name, tax ID numbers, organizational information, and certifications (Forms D-I). The fiscal sponsor is responsible for financial oversight and *not* carrying out project activities.

List below the partner organization(s)/group(s), contact person(s), and email address(es). Partner organizations/groups are responsible for carrying out core project activities and should not be confused with contractors/consultants who complete a service in exchange for payment.

Partner 1

Partner 1 contact person*:

Partner 1 email address*:

Partner 2

Partner 2 contact person:

Partner 2 email address:

Partner 3

Partner 3 contact person:

Partner 3 email address:

Grant point of contact

Point of contact first name*:

Point of contact email*:

Point of contact last name*:

Point of contact phone number*:

Point of contact title*:

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 first name:

Authorized representative email:

Authorized representative last name:

Authorized representative phone number:

Authorized representative title:

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

If no, please describe your organization's current registration status with the Minnesota Secretary of State, noting any outstanding issues and steps being taken to resolve them.*

Attestations

You must be able to attest *true* to the following statements to apply for this grant. 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

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

☐ True

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.*

☐ True

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.*

☐ True

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.*

☐ True

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

☐ True

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:

Grant request (unscored)

Proposal title*:

Project description* (up to 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.

For the next question, please reference the geographic area breakdown (https://apps.deed.state.mn.us/assets/lmi/areamap/plan.shtml#plsw).

Geographic area(s) served (select all that apply)*:

- ☐ Seven (7) county metro
- ☐ Northeast
- ☐ Northwest
- ☐ Central
- ☐ Southwest
- ☐ Southeast

For the next two questions, please enter your full address on the Minnesota District Map (https://www.gis.lcc.mn.gov/iMaps/districts/) to find the appropriate district information.

Organization's Minnesota House District*:

Organization's Minnesota Senate District*:

Which priority area(s) 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?

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

Grant funds requested (minimum $50,000; maximum $2,000,000)*:

Total matching funds (cash):

Total matching funds (in-kind):

Expected project start date (no earlier than June 30, 2027)*:

- Project may begin after the award contract is signed, which is estimated to be June 30, 2027.

Expected project end date (no later than June 30, 2028):

- 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, 2028.
- You will have up to 90 days after your contract end date to submit for a reimbursement.

Project design, methods, and workplan (up to 25 points)

Complete the project design questions below, using in-text citations to support your determination of the need and best practices. Address the community needs the project aims to meet, and explain how it promotes development, safety, and stability in communities disproportionately harmed by cannabis prohibition.

Helpful resources:

- Minnesota Management and Budget (MMB) Finding & Using Evidence webpage
- OCM Social Equity Verification Map

Step 1: What population will the project be targeting?

*Check the eligible population(s) served and use the space below to share additional details, including **which geographic communities served.***

Social equity populations served*:

- ☐ Justice-impacted individuals, meaning the participant, their parent/guardian, child/dependent, or spouse have a cannabis-related offense.
- ☐ Military veterans who have or have not lost honorable status due to cannabis-related offenses.
- ☐ Emerging farmers who have participated in farm operations for at least three years, providing the majority of day-to-day labor and management on a farm with gross sales between $5,000 and $100,000 in the previous year.
- ☐ Long-term residents of geographic communities with high cannabis enforcement rates, high poverty rates, low median household income, high SNAP utilization, or high level of social vulnerability.

What geographic communities are you serving? Please use clear divisions such as counties, cities, districts, neighborhoods, ZIP codes, or census tracts.* (up to 100 characters, including spaces)

If you are targeting a specific demographic (e.g., young adults, families with children, cultural communities, etc.) share that information below.* (up to 100 characters, including spaces)

Step 2: How has this target population been harmed by cannabis prohibition?* (up to 3,000 characters, including spaces)

You may use a combination of local statistical data, community narratives, and/or other studies that can be tied to the target population to answer this question.

Step 3: How will this project repair the harm identified in Step 2?* (up to 3,000 characters, including spaces)

Describe the strategies used in your project and how they repair harm, referencing the priority area(s) identified above. Explanations of how the strategy repairs harm should reference formal evaluations and/or community wisdom to make the connection.

Workplan

Applicants must complete and upload the work plan template provided. The work plan will be used as a roadmap throughout the life of the grant and used as the basis for quarterly project reporting. The work plan allows you to describe the day-to-day activities of a project.

- For each expected goal, utilize the **SMART** goal framework of being **s**pecific, **m**easurable, **a**chievable, **r**elevant, and **t**imely.
- The plan should include the purpose of the activity (specific), number of sessions/persons served (measurable), frequency and duration of activities (timely), and intended results or outcomes (achievable). The activities and their intended effect should expand on the goal and activities described in the project description (relevant). You will also include how you will measure the success of the program.

Note: The workplan template is within the same workbook as the budget template and will be uploaded within the budget section of the application.

Performance and evaluation (up to 10 points)

Provide a description of the positive impact that this project is expected to generate for the community.* (up to 2,000 characters, including spaces)

- What changes will result from this project? Describe performance measures and how services will repair harm caused by cannabis prohibition.
- What qualitative and quantitative data will be collected to measure project success?
- How will performance data be used to improve project outcomes?

Organization capacity and relevant experience (up to 25 points)

Discuss how your organization's mission, vision, and values align with the goals for CanRenew.* (up to 500 characters, including spaces)

Discuss the organization's history of working with social equity applicant-eligible communities. Identify the target community, how they meet the definition of social equity applicants as defined by Minnesota Statutes, section 342.17, and explain how your project addresses historic and ongoing equity issues from past cannabis prohibition laws. You may also reference the OCM Social Equity Verification Map.* (up to 500 characters, including spaces)

Has your organization previously received grants from the state of Minnesota?*

○ Yes ○ No

If yes, list the state agency/office(s) from whom you received the grant(s)* (up to 250 characters, including spaces)

Has your organization previously received grants from any source for similar projects?*

○ Yes ○ No

If yes, list project name(s), funding source(s), date(s), and amount(s) awarded.*
(up to 250 characters, including spaces)

Describe your organization's past program experience and the relevant expertise your current staff has to achieve the grant objective, including community engagement strategies, staff/board representation of the cultures served, lived experience, and specific examples of how this knowledge will be applied in your proposal.* (up to 1,000 characters, including spaces).

Include examples of relevant experience and expertise in the following areas:

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

Upload specific work examples of organization's previous impact including an impact report and/or a description of organization's impact on another project. For each work sample uploaded on your application, include a description of how it relates to this project.

Examples of work samples may include:

- Impact report
- Case study
- Testimonial
- Portfolio
- Research paper
- Annual reports
- Press coverage
- Program evaluations
- Client success stories
- Infographics
- Performance metrics

Description of work sample 1: (up to 2,000 characters, including spaces)

Description of work sample 2: (up to 2,000 characters, including spaces)

Description of work sample 3: (up to 2,000 characters, including spaces)

Using your preferred layout and format, upload your organizational chart.*

List your board of directors below. Include the tenure of each board director, their role on the board, and current place of employment (if applicable).*

Outreach and community partnership (up to 25 points)

Describe your approach to engaging communities affected by cannabis-related usage, criminalization, or incarceration, particularly youth (ages 14-24) and diverse populations (Black, Indigenous, Latine/Latinx, Asian American, LGBTQ+, people with disabilities, veterans).* (up to 2,500 characters, including spaces)

Include information about:

- **Communication and engagement methods**
  - **Describe the communication methods:** Explain the various communication methods your organization will use to reach target populations.
  - **Informing residents:** Tell us how residents or community members will be engaged on an ongoing basis to inform them of existing services.
  - **Engagement formats:** Will you conduct both in-person and virtual engagements to meet audience needs? Explain how you will accommodate different engagement formats.
  - **Supporting barriers:** Describe how you will support those facing barriers to education and employment.
  - **Language services:** Explain if language or translation services are planned and how they will be implemented.
  - **Media partnerships:** Are you partnering with diverse media outlets to deliver messages to target populations? Describe these partnerships.
- **Community partnerships**
  - **Trusted community organizations:** Describe how your organization is partnering with community organizations that already have established trust within these communities.
  - **Communities served:** Tell us about the communities your partners serve or represent.
  - **Optional letters of support:** Letters of support are not required but can be included. Letters may be written by collaborators, community partners, program participants, or similar entities/individuals who can speak about the value of the proposed work and your organization's capacity to achieve its goals.
    - Letter of support 1 (.pdf and .doc file types, maximum file size 2GB)
    - Letter of support 2 (.pdf and .doc file types, maximum file size 2GB)
    - Letter of support 3 (.pdf and .doc file types, maximum file size 2GB)

Budget and matching (up to 15 points)

Complete the budget for this proposed project using Form B: Budget and Workplan 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 is 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.

The Budget/Workplan template is in a separate Excel document: Form B: Budget and Workplan Template.

Note: The Excel workbook also includes the workplan template.

Certification uploads

Please upload the following documents as part of the application.

- Form C - Affidavit of Non-Collusion*
- Form D - Certification of No Disqualifying Convictions*
- Form E - Required Nonprofit Grantee Documents as Applicable (if applicable)
- Form F - For-Profit Required Documents, Lien Disclosure, and Certification (if applicable)
- Form G - Capacity Responses*
- Form H - Certification that the entity is not suspended or debarred by the state of Minnesota or the federal government*
- Form I - Disclosure of Sanctions*