|  |
| --- |
| **Letter of Eligibility** |

Before grants can be awarded funds and receive an executed contract under the Proposition 64 Public Health and Safety Grant Program, Cohort 3, the applying local jurisdiction (and all jurisdictions within a collaborative proposal) must assure they do not ban the following activities. Below is sample assurance language that, **at a minimum**, must be included in the Letter of Eligibility submitted to the Board of State and Community Corrections.

Applicants may use the form provided below or create their own. You will be prompted to upload a Letter of Eligibility to the BSCC-Submittable Application.

As an applicant, our jurisdiction(s) does not ban (i.e., prohibit, forbid, or bar):

All indoor commercial cannabis cultivation (including mixed light cultivation)

Regulation(s), ordinance(s), and or amendment(s) to our local government charter(s) that ensure the above are true. **Provide information including enacted/effective date(s) here.** >

All outdoor commercial cannabis cultivation

Regulation(s), ordinance(s), and or amendment(s) to our local government charter(s) that ensure the above are true **Provide information including enacted/effective date(s) here.** >

Establishment of business(es) licensed under Division 10 of the Business and Professions Code

Regulation(s), ordinance(s), and or amendment(s) to our local government charter(s) that ensure the above are true- **Provide information including enacted/effective date(s) here.** >

Operation of businesses licensed under Division 10 of the Business and Professions Code

Regulation(s), ordinance(s), and or amendment(s) to our local government charter(s) that ensure the above are true. **Provide information including enacted/effective date(s) here.** >

Documentation detailed above will be provided to the BSCC upon request.

|  |  |  |
| --- | --- | --- |
| **AUTHORIZED SIGNATURE**  **(This document must be signed by the person who is authorized to sign the Grant Agreement.)** | | |
| NAME OF AUTHORIZED OFFICER | TITLE | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | EMAIL ADDRESS | |
| AUTHORIZED OFFICER SIGNATURE (**Blue Ink Only or E-signature**) | | DATE |
| **X** | |  |