



## Applicant Information

Local Jurisdiction Name (City, County, or City & County):

Federal Tax ID Number:

Entity Submitting the Annual Report

- Name:
- Address:
- Phone:
- Email:

Point of Contact – Grant lead who will engage with the DCC team on grant program questions and reporting

- Name:
- Title:
- Address:
- Phone:
- Email:

Grant Funds Requested:

- Designated Allocation:
- Requested Amount:

Grant Reporting Period:



## Narrative

- 1) Using the same goals that were submitted in the grant application, please describe what outcomes were met in the last six months since submission.
  - a. If operating an equity program, please also describe how expenditure of funds supported implementation of equity program and/or assisted equity applicants.
- 2) Identify what goals were not achieved.
  - a. What challenge continues to impede progress?
  - b. What steps will be taken to course correct and ensure progress?
  - c. How will this correction support the movement of provisional licensees into annual licensure?
- 3) If you've identified new goals please specify what those goals are, why they are now incorporated, and intended outcomes. Please describe how these new goals address the following, where appropriate:
  - a. Does this goal support annual license applicants attain CEQA compliance?
  - b. Does this goal address obstacles impacting the permitting process?
  - c. How does this goal will align with the statutory deadlines mandated for maintenance of a provisional license?
- 4) If there have been any changes to the local permitting process, removal or creation of cannabis permit types, or new cannabis legislation enacted, please describe those changes.
- 5) If your local jurisdiction has not adopted a local equity program, please indicate whether your local jurisdiction is considering developing and/or implementing a local equity program. Please provide a potential timeline for this decision.

## Budget

Submit an updated Application Budget (Attachment #3)

## Data

Submit an updated Permitting and Licensing Metrics (Attachment #2)