



## Marihuana Revenue Funds – Application Guidelines

*\*Applications must be submitted online through DocuSign by October 1st. Late or incomplete applications will not be considered\**

**Application Period:** September 2 – October 1

**Submission Method:** Online via [DocuSign Application Portal](#)

**Assistance Contact:** [funds@gtcountymi.gov](mailto:funds@gtcountymi.gov)

### Overview

This guide is intended to assist eligible organizations in completing the Marihuana Revenue Funds Application accurately and thoroughly.

Grand Traverse County's marihuana revenue funds will be allocated toward internal and operational purposes as well as to support County service providers. These funds are authorized under the Regulation and Taxation of Marihuana Act, Initiated Law 1 of 2018, which imposes certain taxes and fees on adult-use marihuana facilities. The Michigan Department of Treasury distributes fifteen percent of the revenue to counties in which a marihuana microbusiness or marihuana retail establishment is located. In 2025, Michigan Department of Treasury will transfer \$931,658.56 to Grand Traverse County.

The Grand Traverse County Board of Commissioners (BOC) has approved a [Marihuana Revenue Funds Spending Plan](#). The Spending Plan provides a strategy and process for use of the funds. The BOC will review the Spending Plan on an annual basis and may change the Plan as necessary.

In 2025, \$500,000 in funds will be distributed to external agencies through a competitive application and award process. Funding is available for eligible organizations seeking between **\$25,000 and \$100,000** for projects that align with the [County's Strategic Plan](#). Information on eligibility is found in the Spending Plan. Applicants are encouraged to review the Spending Plan and the Strategic Plan prior to applying. Please review all instructions before submission. Funding is limited and if funding is unavailable no grants will be awarded.

## Instructions

Please carefully review all instructions before applying. If you have any questions about the application process, or these instructions, please email questions to [funds@gtcountymi.gov](mailto:funds@gtcountymi.gov).

Consistent with the approved Spending plan, County Administration has developed an online portal for accepting applications using DocuSign. The County will only accept applications through the portal. Applications will not be accepted any other way.

Applicants will start the application process by opening the link to the [application portal](#), also available on the [County's website](#). Email verification is required for the signing applicant. An access code will be sent via email in order to view and sign the application.

### What to include in your application:

#### SECTION 1:

- **Applicant Information**
    - **Legal name of organization:** Use the full legal name of your organization consistent with its articles of incorporation or other foundational documents filed with the State of Michigan or Federal Government.
    - **Mailing and web address:** Provide current and accurate contact information.
    - **Name, title, and contact information of contact person:** This person should be easily reached with questions.
  - **Organization Type:**
    - Check **only one** box that represents your organization.
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#### SECTION 2: Funding Request

- **Amount Requested:** Must fall between **\$25,000 and \$100,000**. Awards of the minimum \$25,000 will be distributed upfront and unconditionally while awards above \$25,000 will be distributed on a **reimbursement basis**.
- **Other Sources of Funds:** Indicate any additional funding from your organization or other sources of funds. Include both **amount** and **percentage** of the total budget.
- **Total Budget:** This is the total cost of the entire project, including County funds and leveraged funds. This number must equal 100%.



### SECTION 3: Project Description

- **Project Title:** Concise and descriptive (Example “Youth Mental Health Outreach Program”).
  - **Project Dates:** Provide expected **start and completion dates**.
  - **Project Summary:** Use clear, accessible language to describe:
    - The **specific activities** your organization will conduct with these funds.
    - How the project addresses **county-wide needs**.
  - **Target Population & Impact:** Identify who will benefit (Examples: students, veterans, low-income families) and explain how the funding will positively impact them.
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### SECTION 4: Alignment with Grand Traverse County’s 2024-27 Strategic Plan

Refer to the County’s [Strategic Plan Report](#) for more information when completing this section.

- **Connection to Mission and Vision:** Explain how your project supports the mission and vision of Grand Traverse County.
- **Select Strategic Goals:** Check all that apply to your project:

*\*Goals 2 and 3 are related to improving the County as an organization. If funds are requested to meet these specific goals, please explain the partnership with the County\**

- **Goal 1:** Sustainable Growth & Innovation
  - **Goal 2:** Aiding the County in Recruiting and Retaining Qualified Staff
  - **Goal 3:** Build Trust and Transparency with the County
  - **Goal 4:** Focus on Community Needs
  - **Addressing Strategic Goals:** Explain how your project supports the selected goals.
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### SECTION 5: Budget Overview

#### Budget Table or Attachment:

You **must** fully complete the included table. If there is additional information you want to include, click the attachment button to upload a separate **Budget Document** that includes:

- Itemized line items (e.g., personnel, materials, travel, marketing, etc.)
- Clear distinction between:
  - **County funding**
  - **Other funding sources** (including in-kind, grants, donations, etc.)
- Clearly label and explain any **matching or in-kind** contributions.

**Tip:**

Use an Excel spreadsheet format with headers such as:

- Category
- Expense Description
- County Funds Requested
- Other Sources of Funds
- Total

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## **SECTION 6: Organization Information**

- **Mission Statement:** Provide your organization’s official mission.
- **Strategic Plan Alignment:** Indicate how your organization’s mission statement and/or strategic plan aligns with the County’s mission and vision statement.
  - If your organization has a strategic plan, click the attachment button to upload it.
- **Year Established:** Include the founding year.
- **Number of Full-Time Employees:** Indicate full-time staffing only.
- **Previous Public Funding:** Indicate whether your organization has received public funds.
- **Previous County Funding:** Indicate whether your organization has received funds from Grand Traverse County.
 

If applicable:

  - Select “Yes” and describe **funding agency, amount, year, and project purpose.**





- Example: “2022 – Michigan DNR Grant – \$50,000 – Watershed Cleanup Initiative”
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## SECTION 7: Certification & Signature

- **Final Review:**
  - Authorized representative must **review and complete the full application**.
  - Confirm on behalf of your organization that:
    - The information provided is true and accurate
    - You understand that if late, this application will not be considered
    - You have read and understand the instructions
    - The organization is eligible to apply under the guidelines
    - The organization agrees to comply with all reporting, monitoring, and reimbursement requirements
    - A service agreement will be signed if awarded funding
    - You have been given the opportunity to ask questions about the application and the application process
    - The undersigned is authorized to sign on behalf of the organization
- **Sign and Date:** Only an **authorized representative** may sign.

## ATTACHMENT CHECKLIST

Before submitting your application, ensure the following are attached:

-  **Completed Application Form** (DocuSign will not let you continue without completing all required fields)
-  **Detailed Project Budget** (Optional as outlined in Section 5)
-  **Strategic Plan** (Optional as outlined in section 6 to support connections to County’s Strategic Plan)
-  **Letters of Support / MOUs** (Optional but strongly recommended to show collaboration and stakeholder engagement)



### **Tips for a Strong Application**

- Align clearly with County Strategic Goals.
- Be specific in budget and impact descriptions.
- Demonstrate measurable outcomes.
- Show evidence of collaboration or local support.
- Review for grammar, clarity, and completeness before submission.

### **APPLICATIONS WILL ONLY BE ACCEPTED THROUGH THE DOCUSIGN APPLICATION PORTAL**

### **ADDITIONAL INFORMATION: Review, Approval, and Agreements**

The spending plan provides detailed information on the review and approval process. The review process includes:

1. Administrative staff review for timeliness, completeness and compliance with these instructions and the Spending Plan. County Administration will reject all applications that are untimely, incomplete and that do not comply with these instructions.
2. A Funds Workgroup will then review and score applications and recommend approvals to the Board of Commissioners. Administration will provide notice to all applicants informing them that the applications were recommended for approval or rejected.
3. The Board of Commissioners will discuss the recommended projects in an open meeting and give final approval and authorization by the BOC Chairperson to approve the request and execute the funding agreements.

Successful Applicants must execute a funding agreement and will be responsible for complying with all non-negotiable terms and conditions of the funding agreement, including but not limited to providing County Administration proof of expenditure to receive reimbursement, and document all before and after activity related to the funds.

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### **Need Help?**

Email [funds@gtcountymi.gov](mailto:funds@gtcountymi.gov) for technical support or questions. **Reminder:** Applications must be submitted **online** by **October 1<sup>st</sup>, 11:59 p.m.** Late or incomplete applications will **not be considered**.