Application

Below are the sections you must complete for the application to be accepted by us. You can complete sections in whatever order you decide.

Guidance

Application Instructions

- Questions marked with a red asterisk (*) are required.
- Take your time and be sure your application is complete before submitting. Applications that are missing critical information may be automatically disqualified.
- For longer response questions, draft your answers in a separate document and copy and paste them into the application.
- You may select "*Save & Exit Section*" at the bottom of each page at any time to save your application. Selecting "Next" will save your work and advance you to the next application section.
- You can log in to your WizeHive account at this link to access your saved applications and view the status of your submitted applications.
- Add no-reply@zenginehq.com to your email inbox's safe senders list to ensure you receive all notifications about your application.
- Email updates about your application will only be sent to Profile Owners in the list of your Organization Members. To add new Profile Owners, navigate back to the Main Menu, open your Organization Profile (Your Profile for Individual applicants), and edit the Organization Members tab by selecting "+ Add Member."

Guidance on Supplier / Vendor IDs

- **Why You Need a Supplier/Vendor ID** — A Supplier/Vendor ID is not required to apply for a grant, but it must be obtained before a grant is approved and your payment is processed. This also enables you to sign up for ***direct deposit*** if you are awarded a grant. If you are using a fiscal sponsor, they must register for a Supplier/Vendor ID in order to receive funding on your behalf.
- **How to Obtain a New Supplier/Vendor ID** — Follow these detailed Supplier/Vendor ID Instructions if you are a first-time applicant or returning Supplier/Vendor and you would like additional help. Requests for new IDs typically require ***2-3 business days***.

- **How to Find Your Supplier/Vendor ID** — If you have previously received funding from the City of Boston, your Supplier/Vendor ID is a 10-digit number that can be found on purchase orders, contracts, check stubs, and payment advice. If you've forgotten your Supplier/Vendor User ID, navigate to the City's Supplier Portal, select "*Forgot User ID*" and enter the email address used to request your Supplier/Vendor ID. You will receive an email with your username in 1-2 minutes.
- **Additional Assistance** — Additional guidance for accessing the Supplier Portal or requesting a Supplier/Vendor ID can be found here. Alternatively, please email vendor.questions@boston.gov or call 617-961-1058 for additional assistance.

Required Documents

At this stage of the application, *all applicants* are required to download and review (but not sign or submit) the following documents:

- Standard Grant Agreement and Terms CM-20/21
- Form B-1 Notice to Beneficiaries

By submitting an application for funding to the City of Boston, you acknowledge the following terms:

- If you are selected for an award, you will be required to have knowledge of these forms; and
- If you are selected for an award, you may be required to sign and submit these forms before you can receive funding.

Please contact Shekia Scott, Senior Cannabis Industry Manager, at Shekia.Scott@Boston.Gov , or 617-635-0053, if you have questions about the guidance above, this application, or the eligibility requirements for funding from the City of Boston.

By entering your full name below, you acknowledge you have read the Application Guidance above.

Application

First Name*

Middle

Last Name*

Applicant Information

Please Note: Email updates about your application will only be sent to Profile Owners in the list of your Organization Members. To add new Profile Owners, navigate back to the Main Menu, open your Organization Profile, and edit the Organization Members tab by selecting "*+ Add Member.*"

Applicant Name
Who is the person completing this application?

First Name*

Application

Middle

Last Name*

Role or Title

Email Address*

Phone Number*

Nonprofit Status*
Please confirm if you are applying for funding as a tax-exempt nonprofit organization.

Yes, this application is for a tax-exempt nonprofit organization | No, this application is for a fiscally-sponsored group

Nonprofit EIN*
If you are applying as a tax-exempt nonprofit organization, a valid 9-digit tax id number is required.

Fiscal Sponsor Information

Applying with a Fiscal Sponsor

- A fiscal sponsor is not required to complete this application. However, you must obtain one in order to receive funding from the City of Boston.
- If you are already working with a fiscal sponsor who operates as a tax-exempt nonprofit organization, please provide their information below.
- Your fiscal sponsor will be required to obtain a Supplier/Vendor ID from the City of Boston before they can receive funding for your proposed project. Please share these Supplier/Vendor ID Instructions with your fiscal sponsor and encourage them to begin this process. Obtaining a new ID typically takes 2-3 business days.

If you do not yet have a fiscal sponsor, skip the questions below and select "Next" to begin the next section.

Fiscal Sponsor's Legal Name

Fiscal Sponsor's EIN
Please enter your fiscal sponsor's 9-digit tax-exempt id number.

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Fiscal Sponsor's Supplier/Vendor ID

If your fiscal sponsor has a 10-digit City of Boston Supplier/Vendor ID, please enter it below. If they do not have a Supplier/Vendor ID, they will be required to obtain one before they can receive funding for your proposed project.

Fiscal Sponsor's Primary Contact

Provide the name and contact details of the person who will represent your fiscal sponsor.

First Name

Middle

Last Name

Fiscal Sponsor's Primary Contact Role or Title

Fiscal Sponsor's Primary Contact Email Address

Fiscal Sponsor's Primary Contact Phone Number

Fiscal Sponsor's Legal Address

Address Line 1

Address Line 2

City

State/Province/Region

Postal/Zip Code

Fiscal Sponsor's Nonprofit Certification
Upload a copy of EITHER your fiscal sponsor's IRS Letter of Determination OR its most recent IRS Form 990.

Choose File

Fiscal Sponsor's W-9
Upload a copy of your fiscal sponsor's IRS Form W-9. Make sure it is signed before uploading.

Choose File

Project Proposal

In this section you will provide organizational details and outline your proposed project in detail.

Project Proposal Guidance

- To help you prepare your responses, we recommend using this Project Proposal Guide. This guide includes all the questions you'll encounter in this section, giving you a chance to plan and draft your answers before submitting them.
- Once you're ready, you can input your responses directly into the application, below. It may be best to answer the questions in a separate document and copy and paste.

I. Organization Details

Application

1. Mission, Goals, and Community Impact*

Provide an overview of your organization's mission and goals, highlighting how they relate to equity in the cannabis industry and the number of years your organization has been engaged in this work. Include a description of the communities you primarily serve, specifying neighborhoods if applicable. If your project will target communities not currently served, outline your outreach strategy. (350 word limit)

2. Staff and Program Management*

Describe the staff members dedicated to managing your proposed program, including their roles and responsibilities. Identify who will be responsible for processing applications, and explain how your organization will ensure adequate resources to handle the volume of applications and inquiries. (300 word limit)

3. Partnerships and Collaborations*

Detail any partnerships or collaborations your organization has in place to support the success of this proposal and program participants. (150 word limit)

II. Programmatic Details

1. Program Overview and Services*

Provide a detailed description of your proposed program, including the services it will offer and the methods you will use to support equity applicants and businesses in overcoming common financial and technical challenges. Outline the criteria that will determine eligibility for these services and resources and the application process for individuals or businesses. (1,500 word limit)

2. Program Timeline *

Provide a detailed timeline for your program showing how you intend to use the funds by September, 2025. Include key milestones, start and end dates, and major activities associated with your program. Be sure to outline how your timeline aligns with the goals and objectives of the project. (300 word limit)

3. Equitable Service Distribution*

Describe how your organization will ensure services and resources are distributed equitably among applicants. Include your approach to engaging and involving community stakeholders in decision-making regarding service allocation.

Additionally, outline strategies for addressing challenges or barriers that program participants may face during the application process.

(300 word limit)

III. Data Collection, Transparency, and Impact Measurement

1. Data Collection, Transparency, and Impact Measurement*

Describe how your organization will collect data on the demographics of applicants and participants to ensure equitable distribution. Outline the steps you will take to maintain transparency and accountability in your program. Finally, explain the methods you will use to measure the program's impact and effectiveness. (500 word limit)

Project Budget

Budget Guidelines

- Proposals seeking $10,000 or more are required to upload a project budget and submit a budget narrative. Use this Project Budget Template to download, complete, and upload your budget into this form below, in the field titled "Budget Attachment."
- If your fund request is $100,000 or more, please download and review Form B-1 Notice to Beneficiaries for the compliance requirements of the First Source Hiring provisions of the Boston Jobs, Living Wage, and Prevailing Wage Ordinance. No further compliance action is required until you are selected for an award.
- **Your Budget Attachment and Budget Narrative must detail how you will fully utilize the awarded funding amount of $350,000.**

Allowable Uses of City of Boston Grant funds:

- Salaries and associated benefits of staff delivering the program, this may include Executive Directors if they spend a certain percentage of their time on the grant-funded program,
- Where applicable, please annotate what percentage of the salary and associated benefits you are seeking support for (i.e. 0.5 FTE),
- Equipment, supplies, and/or materials associated with the program,
- Temporary space fees and/or rental for the program,
- Transportation required for the program,

- Advertising and publicity expenses for the program,
- Local conference, seminar or training attendance related to the program,
- Program planning / evaluation,
- Technical assistance,
- Food and beverage for program participants,
- Other direct costs of the program, and
- Up to 10% of the grant budget can be for indirect/administrative costs such as a fiscal sponsorship fee.

City of Boston Grant Funds may NOT be used for:

- Gift Cards,
- Rent,
- Utilities,
- Alcoholic beverages, and
- Fundraising or lobbying activities (including salaries or associated benefits of fundraising staff) and/or salaries or associated benefits of staff not involved with directly delivering the funded program.

Budget Attachment*

Upload the budget for your proposed project, ensuring it accounts for the full awarded funding amount of $350,000. A budget template is available in the Budget Guidelines above.

Choose File

Application

Budget Narrative*

Please detail how you plan to utilize the full awarded funding amount of $350,000. Outline how the budget will be allocated among your partners, specifying the rate and number of hours used in any personnel calculations. Additionally, include the dates of your program period and ensure your narrative demonstrates how the entire funding amount will be effectively spent. (1,000 word limit)

Population Served

Please select which communities your Organization or Group primarily serves. These responses will be used for reporting purposes only and are optional.

Project Neighborhoods

What neighborhood(s) will your program primarily serve?

- [ ] Allston
- [ ] Back Bay
- [ ] Bay Village
- [ ] Beacon Hill
- [ ] Brighton
- [ ] Charlestown
- [ ] Chinatown
- [ ] Downtown
- [ ] Dorchester
- [ ] East Boston
- [ ] Fenway
- [ ] Hyde Park
- [ ] Jamaica Plain
- [ ] Kenmore

- Leather District
- Mattapan
- Mission Hill
- North End
- Roslindale
- Roxbury
- Seaport District
- South Boston
- South End
- West End
- West Roxbury
- Citywide (all neighborhoods)

Race
Does your organization primarily serve people who identify with any of the following races?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Not listed here or Other (write-in below)

Other Response (Race)
If you selected Other above, please provide additional details below.

Hispanic or Latino/-a/-e/-x Ethnicity
Does your organization primarily serve people who identify with any of the following Latino/-a/-e/-x communities in Boston?

- Brazilian
- Colombian

- Cuban
- Dominican
- Mexican
- Puerto Rican
- Salvadoran
- Yes, but not listed here or Other (write-in below)

Other Response (Hispanic or Latino/-a/-e/-x Ethnicity)
If you selected Other above, please provide additional details below.

Non-Hispanic or Latino/-a/-e/-x Ethnicity
Does your organization primarily serve people of Non-Hispanic or Non-Latino/-a/-e/-x ethnic communities common in Boston?

- Cape Verdean
- Chinese
- Indian (not American Indian nor Alaskan Native)
- Haitian
- Jamaican
- Middle Eastern or North African
- Vietnamese
- Yes, but not listed here or Other (write-in below)

Other Response (Non-Hispanic or Latino/-a/-e/-x Ethnicity)
Does your organization primarily serve people of Non-Hispanic or Non-Latino/-a/-e/-x ethnic communities common in Boston?

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Gender Identity
Does your organization primarily serve people who identify with any of the following gender identities?

- [ ] Men
- [ ] Women
- [ ] Non-binary, gender non-conforming, or genderqueer
- [ ] Yes, but not listed here or Other (write-in below)

Other Response (Gender Identity)
If you selected Other above, please provide additional details below.

Submission Certification

Please review and agree to the terms below before submitting your application.

Grant Agreement & Terms

By submitting this application, I certify that I accept the terms of the grant program and the City of Boston's CM-20 & CM-21 Standard Grant Agreement and Terms. I understand that if selected for an award, I will be required to have knowledge of this document and may be required to complete and sign it before I receive funding.

Notice to Beneficiaries

By submitting this application, I certify that I accept the terms set forth in Form B-1 Notice to Beneficiaries. I understand that if selected for an award, I may be required

to have knowledge of this form and may be required to take further action to comply with the Boston Jobs, Living Wage, and Prevailing Wage Ordinance before receiving funding.

Nonprofit Standing

By submitting this application, I certify that the organization I represent, or the organization serving as a fiscal sponsor, is in good standing with both the Massachusetts Attorney General's Office and the IRS.

Conflict of Interest

By submitting this Application, I certify that there is no conflict of interest within the meaning of the Conflict of Interest Law, Ch. 268A of the Massachusetts General Laws.

Certification

By entering your full name below and submitting this application, you accept and agree to the terms described above and to the terms of the grant program, and you certify that all information contained in the application is correct.

First Name*

Middle

Last Name*