

**Department of Licensing and Regulatory Affairs
Marijuana Regulatory Agency**

Medical Marijuana Operation and Oversight Grants

2021 Grant Application

Authority: Michigan Medical Marijuana Act
2008 IL 1, Section 6(I), MCL 333.26426

**This application must be submitted electronically to MRA-MMOOG@michigan.gov
at the Marijuana Regulatory Agency on or before January 1, 2021.**

Section I: Grant Applicant Information

Livingston County Health Department

Applicant

VS CV0048182

SIGMA Vendor Customer ID No.

Mail Code

Section II: Grant Administrator Information

Name

Dianne McCormick- Health Officer

Address

2300 E. Grand River Avenue- Suite 102

City

Howell

State

MI

Zip Code

48843

Area Code/Telephone Number

(517) 546-9850

Email Address

dmccormick@livgov.com

Section III: Description of Grant Program

Funds must be used for education, communication, and outreach regarding the Michigan Medical Marijuana Act, 2008 IL 1, MCL 333.26421 to 333.26430. On county letterhead, submit your proposal that includes the items listed below:

- Describe the project(s) for which funds are requested with an implementation plan.
- Explain how funds will be used to coordinate efforts with other agencies, if applicable.
- Describe the impact these funds will have on the community and what you hope to accomplish.
- Explain how these funds will be combined with other funding to complete the project, if necessary.
- Explain anticipated outcomes that will result from this grant.
- Submit a detailed budget showing how the requested funds will be expended.

Section IV: Certification

I certify and agree to report how the grant was expended and to provide a report to the Department of Licensing and Regulatory Affairs, Marijuana Regulatory Agency, no later than September 15, 2021. By signing below, I also agree to meet and follow the statutory provisions in which this program was established pursuant to Section 901 of 2020 PA 166.

Signature of County Grant Administrator (Original Signature Required)

Date

Title