## **Attachment D**

## GOOD FAITH EFFORTS DOCUMENTATION

DISADVANTAGED EQUITY APPLICANTS/MEMBERS OF THE MOST DISADVANTAGED GROUPS IN THE MEDICAL CANNABIS INDUSTRY, AS IDENTIFIED BY THE COMMISSION, AND RECORD OF SOLICITATIONS.

Please identify the potential owners and investors interviewed and identify those who qualify as Disadvantaged Equity Applicants or members of the most disadvantaged groups in the medical cannabis industry, as identified by the Commission, and whether any of those potential owners/investors have purchased an equity share in the entity submitting the Application.

Provide supporting documentation for each disadvantaged potential owner/investor interviewed who qualifies as a Disadvantaged Equity Applicant or member of the most disadvantaged groups in the medical cannabis industry via attestations (See Attachments B and E), personal net worth attestations (NOT Attachment C – Personal Net Worth Statement), and evidence of being a disadvantaged owner of a certified minority business enterprise.

Contact Information of Potential Owner Interviewed	Disadvantaged Equity Applicant Classification	Initial Solicitation Date & Method	Details for Follow-up Date and Method	Details of Proposed Offer	Equity Share Purchased
Name, Address, Telephone Number, and Email Address:	Check all that apply:  □ African American □ American Indian/Native American □ Asian □ Hispanic □ Woman □ Certified MBE □ PNW ≤\$1,713,333	Date:  □ Phone □ Email □ Facsimile □ Mail  Details:	Date:  □ Phone □ Email □ Facsimile □ Mail  Details:	Date:  Spoke with:  Details:	☐ Yes, an equity share has been purchased.  ☐ No, an equity share has not been purchased.
Name, Address, Telephone Number, and Email Address:	Check all that apply:  □ African American □ American Indian/Native American □ Asian □ Hispanic □ Woman □ Certified MBE □ PNW ≤\$1,713,333	Date:  □ Phone □ Email □ Facsimile □ Mail  Details:	Date:  □ Phone □ Email □ Facsimile □ Mail  Details:	Date:  Spoke with:  Details:	☐ Yes, an equity share has been purchased.  ☐ No, an equity share has not been purchased.

Name, Address,	Check all that	Date:	Date:	Date:	□ Yes, an equity
Telephone Number,	apply:				share has been
and Email Address:	□ African	□ Phone	□ Phone		purchased.
	American	□ Email	□ Email	Spoke with:	
	☐ American Indian/Native	☐ Facsimile ☐ Mail	<ul><li>□ Facsimile</li><li>□ Mail</li></ul>		- No on onvita
	American	□ Man	□ IVIa11		☐ No, an equity share has not
	American  □ Asian	Details:	Details:	Details:	been purchased.
	□ Hispanic	Details.	Details.	Details.	been purchased.
	□ Woman				
	□ Certified MBE				
	□ PNW				
	≤\$1,713,333				
Name, Address,	Check all that	Date:	Date:	Date:	□ Yes, an equity
Telephone Number,	apply:				share has been
and Email Address:	□ African	□ Phone	□ Phone		purchased.
	American	□ Email	□ Email	Spoke with:	
	□ American	□ Facsimile	□ Facsimile		37
	Indian/Native	□ Mail	□ Mail		□ No, an equity
	American  □ Asian	Details:	Details:	Details:	share has not
	☐ Hispanic	Details:	Details:	Details:	been purchased.
	□ Woman				
	☐ Certified MBE				
	≤\$1,713,333				
Name, Address,	Check all that	Date:	Date:	Date:	□ Yes, an equity
Telephone Number,	apply:				share has been
and Email Address:	□ African	□ Phone	□ Phone		purchased.
	American	□ Email	□ Email	Spoke with:	
	□ American	□ Facsimile	□ Facsimile		
	Indian/Native	□ Mail	□ Mail		□ No, an equity
	American	Detailer	Deteller	Deteller	share has not
	□ Asian	Details:	Details:	Details:	been purchased.
	☐ Hispanic☐ Woman				
	☐ Certified MBE				
	≤\$1,713,333				
Please attac	h additional sheets as	s needed.	•	•	•
I affirm un	der penalties of perj	ury that the cont	tents of Attachme	ent D Good Faith	
Efforts Doc	cumentation are true t	o the best of my l	knowledge, inform	nation, and belief.	
		·			
Signature			Date		