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 or 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 via attestations (See Attachements 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.

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	□ Woman				
	☐ Certified MBE☐ PNW				
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<u>Piease attac</u>	ch additional sheets as	s needed.			
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Signature			Date		