

An Applicant for a Community College Cannabis Vocational Pilot Program License must complete this application and submit it to the Illinois Department of Agriculture, Bureau of Medicinal Plants (“Department”). Applicants are strongly encouraged to review the Cannabis Regulation and Tax Act ([410 ILCS 705](#)) and the Department’s emergency administrative rules ([8 IAC 1300](#)). Links to both can be found on the Department’s [website](#).

This application is to be completed by authorized faculty, staff, or governing authority for a Community College seeking to participate in the program (“Applicant”) and is not intended for individual students. The application must be completed and submitted with a non-refundable application fee in the amount of \$100.00. The application fee must be in the form of cashier’s check or money order and made payable to the Illinois Department of Agriculture.

Applications can be mailed to the Department of Agriculture, P.O. Box 19281, Attention Adult Use Cannabis, Springfield, IL 62794; or submitted in person at the Department’s John R. Block Building, located at 801 E Sangamon Avenue in Springfield, between 8:00 a.m. and 5:00 p.m. on regular business days. Applications must be submitted on a USB. Applicants must submit two copies of the USB.

Each USB shall include this completed application form and all Exhibits. All USBs should be submitted in one sealed envelope that includes a cover sheet containing the following information: Applicant name, Applicant location, and Applicant’s primary and secondary contact information (including phone number, email address, and mailing address). Each USB should have an external label with the Applicant’s name. Exhibits must be saved as separate files on the USB and each file must be clearly labeled as “Exhibit A,” “Exhibit B,” etc. Each Exhibit must include page numbers.

Applications will be accepted beginning on **April 1, 2020**. The deadline for submitting an application is 5:00 p.m. Central Time on **July 1, 2020**. An application will be considered submitted on the date it is postmarked or, if delivered in person, the date it is received at the Department, if received on or before 5:00 p.m. Central Time. If received after 5:00 p.m. Central Time, the application will be considered received on the next business day.

Applicants are encouraged to submit written questions to the Department regarding the application, application materials, or application process. Questions will only be accepted until **May 17, 2020**. Questions must be in writing and should be directed to [AGR.AdultUse@illinois.gov](mailto:AGR.AdultUse@illinois.gov) with “CCPP” or “Community College” in the subject line. The Department will post the questions and responses on its [Adult Use Cannabis webpage](#) by June 1, 2020. The Department may summarize related questions and will not publish responses to repetitive questions, questions unrelated to the application process, or fact-specific hypothetical questions.

If the Department receives an application with missing information, the Department shall return the application to the Applicant along with a deficiency notice. The Applicant shall have 10 calendar days from the date of the deficiency notice to resubmit the application in its entirety information. Applications that are still incomplete after this opportunity to cure will not be scored and will be disqualified.

The General Information section and all Exhibits included with this application are mandatory. The Department will interpret the absence of an Exhibit in a submitted application to mean the Applicant has no responsive documents to that Exhibit and no points will be awarded in that category.

**Exhibit List**

- A: Experience and Credentials of Faculty
- B: Student Population
- C: Security Plan
- D: Curriculum Plan
- E: Career Advising and Job Placement Plan
- F. Notarized Statement
- G: Fingerprint Consent Form

**General Information**

Community college name \_\_\_\_\_  
Governing body of the community college \_\_\_\_\_  
Community college telephone number \_\_\_\_\_  
Community college mailing address \_\_\_\_\_  
County in which community college is located \_\_\_\_\_  
FEIN \_\_\_\_\_

Name and title of individual(s) completing this application on behalf of the community college

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Is any faculty or staff member of Applicant intended to be involved in the Program described in this application associated in any way with any Cannabis Business Establishments? \_\_\_\_\_ If yes, provide the following information for each:

Applicant faculty/staff member name	_____
Cannabis Business Establishment name	_____
Business telephone number	_____
Type of establishment	_____
Relationship/association	_____

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Cannabis Business Establishment name	_____
Business telephone number	_____
Type of establishment	_____
Relationship/association	_____

Does Applicant plan to partner with a company to provide any security services as part of Applicant's required security plan? \_\_\_\_\_ If yes, provide:

Business name	_____
Business mailing address	_____
Business telephone number	_____
Owner/principal name	_____
Website	_____

### **Required Exhibits and Descriptions**

The Cannabis Regulation and Tax Act and the Department's emergency administrative rules each contain definitions, a list of requirements for application, and scoring criteria. Definitions can be found at 410 ILCS 705/1-10, 8 IAC 1300.10, and 8 IAC 1300.200. Application requirements can be found at 410 ILCS 705/25-10 and 8 IAC 1300.202. Scoring criteria can be found in the Act at 410 ILCS 705/25-10(b), and the rules for License Selection Criteria contain details of the scoring measures and can be found at 8 IAC 1300.205.

The Exhibit descriptions below are intended to be informative to the Applicant but are not inclusive of every detail. There are no page limit restrictions. Applicants are expected to review the Act, rules, and scoring criteria independently. It is the Applicant's responsibility to demonstrate compliance. Any drawings, diagrams, and descriptions must be adequate to illustrate the Applicant's plans.

#### **Exhibit A: Experience and Credentials of Faculty**

**Applicant must:** provide documentation detailing Applicant's faculty experience with cannabis, the cannabis business industry, or any other related fields.

**Total Points:** 200

#### **Exhibit B: Student Population**

**Applicant must:** provide documentation to show what percent of its student population is low-income in each of the past 4 years; a detailed description of the social, ethnic and geographic diversity of the Applicant's staff and student body;

**Total Points:** 200

#### **Exhibit C: Security Plan**

**Applicant must:** provide a security plan, including a description of the enclosed, locked facility as it applies to the location where cannabis will be grown, harvested or stored; proposed procedures for oversight of the area and facility where the cannabis is expected to be grown or stored; verification that all faculty and staff with access to the enclosed and locked facility will have successfully passed a background check; and a plot plan of the interior of the building where cannabis will be produced; a proposed plan to keep a vault log of entries to the enclosed, locked facility; .

**Total Points:** 200

#### **Exhibit D: Curriculum Plan**

**Applicant must:** provide a curriculum plan for its Career in Cannabis Certificate program, including plans for the processing and testing of cannabis. Applicants should include in this Exhibit details of the Applicant's geographic location and any distinction or benefit that location includes.

**Total Points:** 200

#### **Exhibit E: Career Advising and Job Placement Plan**

**Applicant must:** provide a plan Applicant's career advising and job placement plan for students participating in its Career in Cannabis Certificate Program; a proposed plan to conduct post-certificate follow-up surveys and record participating students' job placements within the cannabis industry;

**Total Points:** 200

**Exhibit F: Notarized Statement**

I, on behalf of Applicant, hereby state as follows:

1. The information contained in this application is true and accurate to the best of my knowledge and this application is complete.
2. The Applicant has actual notice that, notwithstanding the Cannabis Regulation and Tax Act (Act):
  - a. Cannabis is a prohibited Schedule I controlled substance under federal law;
  - b. Possessing a license does not authorize any licensee to violate federal or state laws;
  - c. Any license is granted only to the extent provided by the strict requirements of the Act and rules;
  - d. Any activity not sanctioned by the Act or rules may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - e. Growing, distributing, or possessing cannabis in any capacity, unless done through a federally-approved research program, is a violation of federal law;
  - f. Use of cannabis may affect an individual's ability to receive state or federal licensure in other areas;
  - g. Use or possession of cannabis, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - h. Possessing a license does not provide any immunity from or affirmative defense to arrest, prosecution, conviction, or incarceration under federal law or state law, other than as set out in Article 45 of the Act;
  - i. Applicants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program.
3. Applicant understands that if Applicant is awarded a license, that license is predicated on the information provided in this application. Applicant will notify the Department of any material changes to any of the information provided to the Department during the application process. Failure of Applicant to operate as described in this application, or failure to notify Department of material changes may subject Applicant to discipline, including suspension or revocation of the license.
4. Applicant understands that the license is not transferable, except as provided in Section 1300.215, and that the license is the property of the State of Illinois and shall be surrendered upon demand of the Department.
5. Applicant understands that the Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered.
6. Applicant understands that, upon issuance of a license, the licensee is subject to random inspections by the Department, Illinois State Police (ISP), and when necessary to perform their governmental duties, local law enforcement or other federal, State or local government officials.

Applicant Signature and Date: \_\_\_\_\_

Applicant Printed Name and Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2020

(SEAL) \_\_\_\_\_, Notary Public

**Exhibit G: Fingerprint Consent Form**

All of Applicant's faculty and staff that will have access to the enclosed and locked facility for storing cannabis must complete the Fingerprint Submission Consent and Notification Form and submit it directly to a live scan vendor. A copy of the Form must also be submitted with the application.

Applicant should not alter the Requesting Agency Name, Requesting Agency Address, or Requesting Agency ORI Identifier fields of the Form.

This fingerprint consent form will serve to meet the requirements of a verified background check in 8 IAC 1300.202(c)(6).

## Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

### Agency Information

Requesting Agency Name:	Requesting Agency ORI Identifier:
Requesting Agency Address:	
Fiscal Cost Center: (for entity responsible for paying ISP)	Purpose Code:

### Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN ( <i>if req. by Agency</i> ):	DL/ State ID/ Passport # :		DL/ID State:

### Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:	Address:
Phone Number:	Appointment Date & Time:
IL Vendor License Number:	

## Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**