

Cannabis Business Empowerment Program

Welcome to the Cannabis Business Empowerment Program!

The Black Economic Council of Massachusetts (BECMA), in partnership with the City of Boston Mayor's Office of Economic Opportunity and Inclusion (OEI) through their Cannabis Equity Program, is proud to launch the Cannabis Business Empowerment Program. Our mission is to provide targeted financial, technical, and operational support to empower Boston's cannabis equity businesses. We are here to help you overcome systemic barriers and provide the resources you need to launch, sustain, and scale your enterprise successfully.

Is This Program For You?

We are looking for dedicated and strategic entrepreneurs who are ready to take their cannabis business to the next level. You are **eligible to apply** if you are:

- A **Certified Boston Cannabis Equity Applicant and or Business** with official equity status from the Boston Cannabis Equity Program and an active application with the Boston Cannabis Board (BCB).
- For more information regarding the Boston Cannabis Equity Program Certification, please refer to our Cannabis Business Empowerment Program [FAQ](#).

Priority will be given to applicants who demonstrate significant need and a high potential for impact and job creation within the City of Boston.

How We Support Your Business

We offer a comprehensive, tiered support system tailored to your business's specific stage of development. Support includes a combination of **grants, professional services, and essential business tools**.

Tier 1: Foundational | Early-stage applicants needing foundational resources.

- Grants up to **\$3,000**
- Support with entity formation

Tier 2: Capacity Building | Applicants with a solid plan, preparing for licensure or early operations.

- Grants up to **\$20,000**
- One-on-one legal & accounting support from City of Boston approved vendors
- Full-service bookkeeping & payroll setup

To qualify for this tier, you must have received an ISD Refusal Letter from the Boston Inspectional Services Department and have held your community meeting with the Office of Neighborhood Services (ONS) by October 6, 2025.

Tier 3: Growth & Scaling | Licensed, operating businesses looking to scale.

- Grants up to **\$40,000**
- Advanced legal, accounting and marketing services from City of Boston approved vendors
- Operational efficiency consulting

To qualify for this tier, you must have received an ISD Refusal Letter from the Boston Inspectional Services Department and have held your community meeting with the Office of Neighborhood Services (ONS) by October 6, 2025.

Note: Grant funds **cannot be used** for administrative fees, rent, mortgages, or for the purchase of products or paraphernalia. Also note, it is **not required** to provide documentation of your ISD Refusal Letter or Community Meeting, as BECMA will verify this information directly with the City of Boston.

The Application Journey: Key Dates

Our application process is designed to be straightforward and transparent. Here are the **key dates** to keep in mind:

- **Application Window Opens:** Monday, September 8, 2025
- **Application Window Closes:** Monday, October 6, 2025
- **Eligibility Notifications Sent:** Monday, October 13, 2025
- **In-Depth Assessments & Review Period:** Tuesday, October 14 -

Friday, November 7, 2025

- **Final Award Notifications Sent:** Monday, November 10, 2025

Ready to Apply?

Please complete the application below to take the next step in building your cannabis legacy!

If you have any questions, don't hesitate to reach out to Mackenson Charles, Chief of Programs, at mcharles@BECMA.org. We look forward to reviewing your application and partnering with you on your journey to success.

Name *

Email address *

Are you a certified Cannabis Equity Applicant or an existing equity cannabis business in Boston? *

Legal Business Name:

EIN/Tax ID:

Owner/Principal Name: *

Please select all options that apply to the majority owner's identity of your business.

These details are used for reporting purposes only and are optional.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latinx
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Two or More Races
- ☐ Other
- ☐ Prefer not to say

Additional Demographics

These details are used for reporting purposes only and are optional.

- ☐ Living with a disability
- ☐ LGBTQIA+
- ☐ Non-binary, gender non-conforming, genderqueer
- ☐ Veteran
- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Business Address* (street, city, state, zip)

Enter your answer

Please share your Mission and/or Vision statement for your business. *

Enter your answer

Brief description of your business and its current operations (industry, size, years in business, products/services)

Enter your answer

What type(s) of cannabis business activity do you currently engage in or plan to engage in? (Select all that apply) *

- ☐ Marijuana Retailer (Dispensary)
- ☐ Medical Marijuana Treatment Center (MTC)
- ☐ Marijuana Cultivator (Growing cannabis plants)
- ☐ Marijuana Product Manufacturer (Making edibles, concentrates, etc.)
- ☐ Craft Marijuana Cooperative (Marijuana Cultivator comprised of residents of the Commonwealth and organized as a limited liability company)
- ☐ Marijuana Courier (Third-party delivery from licensed businesses)
- ☐ Marijuana Delivery Operator (Direct-to-consumer delivery)
- ☐ Independent Testing Laboratory (Testing potency and overall condition of the plants and products)
- ☐ Marijuana Transporter (Transporting between licensed businesses)
- ☐ Microbusiness (Small-scale cultivation/manufacturing/retail combination)
- ☐ Marijuana Research Facility (Business that conducts research on the cannabis plant)
- ☐ Marijuana Social Consumption Establishment (Cannabis business that allows for the consumption of cannabis on-site)
- ☐ Other

How many full-time employees do you currently have?

Enter your answer

How many part-time employees do you currently have?

Enter your answer

What are your business goals for the next 12 months? *

Enter your answer

What stage best describes your business? *

Choose one... ▾

What are your top 3 business challenges? (check all that apply) *

- ☐ Access to capital
- ☐ Compliance/certification
- ☐ Hiring/training staff
- ☐ Accounting/bookkeeping
- ☐ Marketing/outreach
- ☐ Supply Chain Management
- ☐ Legal Assistance
- ☐ Other

Please select the type(s) of support you are seeking: *

- ☐ Grant
- ☐ Digital tools/subscriptions
- ☐ Professional services/technical assistance
- ☐ Supplier development/opportunities

Copy of business license/registration (if available)

Select a file...

or drag and drop a file here

Signed W-9

[Click Here to Download W-9 Form](#)

Select a file...

or drag and drop a file here

I certify that the information provided is accurate to the best of my knowledge and agree to participate in post-support evaluation activities. *

Choose one... ▾

Submit

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