

**Cannabis Social Equity Direct Forgivable Loan Program**

**Demographic Disclosure Survey**

**Applicants are encouraged to answer all the questions below.**

This information is being collected to help analyze the populations that are being funded through the Cannabis Social Equity Direct Forgivable Loan Program.\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Legal Name:** | Click or tap here to enter text. | | | |
| **1. Minority-owned or controlled business status** | | | | |
| For purposes of this form, minority individual means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Hispanic or Latino/a/x; Native Hawaiian or Other Pacific Islander; or one or more than one of these groups. For purposes of this form, an applicant is a minority-owned or controlled business if the business meets one or more of the following:  (1) if privately owned, 51% or more is owned by minority individuals; (2) if publicly owned, 51% or more of the stock is owned by minority individuals; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or (4) one or more minority individuals have the power to exercise a controlling influence over the business. | | | | |
| **Is the applicant a minority-owned or controlled business?** | | Yes | No | Prefer not to respond |
| **2. Women-owned or controlled business status** | | | | |
| For purposes of this form, an applicant is a women-owned or controlled business if the business meets one or more of the following:  (1) if privately owned, 51% or more is owned by females; (2) if publicly owned, 51% or more of the stock is owned by females; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or (4) one or more individuals who are females have the power to exercise a controlling influence over the business. | | | | |
| **Is the applicant a women-owned or controlled business?** | | Yes | No | Prefer not to respond |
| **3. Veteran-owned or controlled business status** | | | | |
| For purposes of this form, an applicant is a veteran-owned or controlled business if the business meets one or more of the following:  (1) if privately owned, 51% or more is owned by veterans; (2) if publicly owned, 51% or more of the stock is owned by veterans; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or (4) one or more individuals who are veterans have the power to exercise a controlling influence over the business. | | | | |
| **Is the applicant a veteran-owned or controlled business?** | | Yes | No | Prefer not to respond |

**Each owner(s) of the applicant is encouraged to answer the questions below.**

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For each owner(s), indicate which of the following categories the owner(s) identifies with. Submit a separate copy of this table for each owner(s).

Owner Name: Click or tap here to enter text.

Percentage of ownership interest: Click or tap here to enter text.%

|  |  |  |
| --- | --- | --- |
| **1. Race, Ethnicity, and National Origin** (select as many as apply) | |  |
| African American / Black  Hispanic / Latino / Latina / Latine / Latinx  White / Caucasian  Prefer to specify: Click or tap here to enter text.  Prefer not to answer | East or Southeast Asian (please specify: Click or tap here to enter text.)  South Asian (please specify Click or tap here to enter text.)  Middle Eastern and North African (please specify: Click or tap here to enter text.)  Native American / American Indian / Alaskan Native / Pacific Islander / Native Hawaiian | |
| **2. Gender Identity**  Male  Female  Non-binary or prefer to specify: Click or tap here to enter text.  Prefer not to answer | **3. Do you identify as LGBTQIA+?**  Yes (please specify: Click or tap here to enter text.)  No  Prefer not to answer  **4. Do you identify as Transgender?**  Yes  No  Prefer not to answer | |
| **5. Spoken Languages**  Primary Language: Click or tap here to enter text.  Second/Additional Language(s): Click or tap here to enter text. | **6. Age**  Under 21 years old  21-30 years old  31-40 years old  41-50 years old  51-60 years old  61-70 years old  71 or more years old  Prefer not to answer | |
| **7. Veteran**  Yes (branch: Click or tap here to enter text.)  No  Prefer not to answer | **8. Person with Disability** (as defined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, 30 ILCS 575)  Yes (what is your disability: Click or tap here to enter text.)  No  Prefer not to answer | |