



State of New Jersey  
DEPARTMENT OF HEALTH

PO BOX 360  
TRENTON, N.J. 08625-0360

www.nj.gov/health

PHILIP D. MURPHY  
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JUDITH M. PERSICILLI, RN, BSN, MA  
Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet – Team 2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 1

Applicant Name: NATIVE ROOTS NEW JERSEY

Application Control Number: 19-0025 Application Type ( V) ( D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
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Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	14
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	8
6.1.3: Methods to control insects that do not include the application of pesticides.	20	14
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	12
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	18

**Measure 2: Manufacturing plan**

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	17
6.2.2: Experience/education in biochemistry, laboratory science, engineering and cannabinoid extraction methods.	20	18
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	12
6.2.4: Methods to prevent and test for contamination in extracted products.	20	12
6.2.5: Health and safety standards for lab employees.	20	15

**Measure 3: Dispensary plan**

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	18
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.	15	8
6.3.4: Employee education procedures for patient-facing staff members.	15	12
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	5
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	12

By checking this box, I hereby certify that I, Reviewer   /  , completed a full review of the assigned measures in this application and that these scores represent my work alone.



14-0025  
Native Roots

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**Alternative Treatment Center Reviewer Scoresheet – Team 1**

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Reviewer Number: 2

Applicant Name: Native Roots Star

Application Control Number:

14-0025

Application Type: Vertical

**Cultivation Endorsement**

**Measure/Criterion**

**Total Possible Points**

**Assigned Score**

**Criterion 1**

Measure 1: Security Plan	10	6
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	5

**Criterion 2**

Measure 1: Background of principals, board members, and owners:	20	12
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Criterion 3

Measure 1, Financing plan:	20	18
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Criterion 4.

Measure 1, Ties to the local community:	20	10
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Criterion 5.

Measure 1, Research contributions:	10	1
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Total (add up all assigned scores)	100	56
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Manufacturing Endorsement

Measure/Criterion                      Total Possible Points      Assigned Score

Criterion 1

Measure 1: Security Plan	10	6
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	5

Criterion 2

Measure 1: Background of principals, board members, and owners:	20	12
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Criterion 3

Measure 1, Financing plan:	20	18
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Criterion 4.

Measure 1, Ties to the local community:	20	10
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Criterion 5.

Measure 1, Research contributions:	10	1
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Total (add up all assigned scores)	100	56
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Dispensing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 1

Measure 1: Security Plan	10	6
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	5

Criterion 2

Measure 1: Background of principals, board members, and owners:	20	12
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Criterion 3

Measure 1, Financing plan:	20	18
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Criterion 4.

Measure 1, Ties to the local community:	20	10
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Criterion 5.

Measure 1, Research contributions:	10	1
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Total (add up all assigned scores)	100	56
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By checking this box, I hereby certify that I, Reviewer 2, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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 Acting Commissioner

**Alternative Treatment Center Reviewer Scoresheet – Scorer 3-2**

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 3

Applicant Name: Native Roots New Jersey

Application Control Number: 19-0025 Application Type (C, (V), D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
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Criterion 7

Measure 3: Minority-owned, women-owned or veteran-owned business certification	30	20
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By checking this box, I hereby certify that I, Reviewer 3, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Scorer 3-3**

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 4

Applicant Name: NATIVE ROOTS NEW JERSEY - 57 STAR

Application Control Number:

Application Type: Vertical

**Cultivation Endorsement**

<b><u>Measure/Criterion</u></b>	<b><u>Total Possible Points</u></b>	<b><u>Assigned Score</u></b>
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Criterion 7

Measure 4: Workforce and job-creation plan	20	16
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**Manufacturing Endorsement**

<b><u>Measure/Criterion</u></b>	<b><u>Total Possible Points</u></b>	<b><u>Assigned Score</u></b>
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Criterion 7

Measure 4: Workforce and job-creation plan	20	16
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**Dispensary Endorsement**

**Measure/Criterion**

**Total Possible Points**

**Assigned Score**

**Criterion 7**

<b>Measure 4: Workforce and job-creation plan</b>	20	16
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By checking this box, I hereby certify that I, Reviewer 4, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Team 1**

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Reviewer Number: 5

Applicant Name: Native Roots NJ, 57 Starr, LLC

Application Control Number: 19-0025 Application Type: Vertical

**Cultivation Endorsement**

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
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**Criterion 1**

Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	7
Measure 3. Quality control and quality assurance plan	10	10

**Criterion 2**

Measure 1: Background of principals, board members, and owners:	20	19
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19-0025

**Criterion 3**

Measure 1, Financing plan:	20	20
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**Criterion 4.**

Measure 1, Ties to the local community:	20	18
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**Criterion 5.**

Measure 1, Research contributions:	10	9
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Total (add up all assigned scores)	100	92
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**Manufacturing Endorsement**

**Measure/Criterion**

**Total Possible Points**

**Assigned Score**

**Criterion 1**

Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	7
Measure 3. Quality control and quality assurance plan	10	10

**Criterion 2**

Measure 1: Background of principals, board members, and owners:	20	19
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19-0025

**Criterion 3**

<b>Measure 1, Financing plan:</b>	20	20
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**Criterion 4.**

<b>Measure 1, Ties to the local community:</b>	20	18
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**Criterion 5.**

<b>Measure 1, Research contributions:</b>	10	9
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<b>Total (add up all assigned scores)</b>	100	92
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**Dispensing Endorsement**

**Measure/Criterion                      Total Possible Points      Assigned Score**

**Criterion 1**

<b>Measure 1: Security Plan</b>	10	9
<b>Measure 2. Environmental impact plan</b>	10	7
<b>Measure 3. Quality control and quality assurance plan</b>	10	10

**Criterion 2**

<b>Measure 1: Background of principals, board members, and owners:</b>	20	19
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19-0025

**Criterion 3**

Measure 1, Financing plan:	20	20
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**Criterion 4.**

Measure 1, Ties to the local community:	20	18
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**Criterion 5.**

Measure 1, Research contributions:	10	9
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Total (add up all assigned scores)	100	92
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By checking this box, I hereby certify that I, Reviewer 5, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Team 1**

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Reviewer Number: 6

Applicant Name: Native Roots - 57Star LLC

Application Control Number: 19-0025      Application Type: Vertical

**Cultivation Endorsement**

<b><u>Measure/Criterion</u></b>	<b><u>Total Possible Points</u></b>	<b><u>Assigned Score</u></b>
<b>Criterion 1</b>		
Measure 1: Security Plan	10	8
Measure 2: Environmental impact plan	10	7
Measure 3: Quality control and quality assurance plan	10	8
<b>Criterion 2</b>		
Measure 1: Background of principals, board members, and owners:	20	17

**Criterion 3**

<b>Measure 1, Financing plan:</b>	20	19
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**Criterion 4.**

<b>Measure 1, Ties to the local community:</b>	20	11
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**Criterion 5.**

<b>Measure 1, Research contributions:</b>	10	10
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<b>Total (add up all assigned scores)</b>	100	80
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**Manufacturing Endorsement**

**Measure/Criterion**

**Total Possible Points**

**Assigned Score**

**Criterion 1**

<b>Measure 1: Security Plan</b>	10	8
<b>Measure 2. Environmental impact plan</b>	10	7
<b>Measure 3. Quality control and quality assurance plan</b>	10	9

**Criterion 2**

<b>Measure 1: Background of principals, board members, and owners:</b>	20	17
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**Criterion 3**

Measure 1, Financing plan:	20	19
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**Criterion 4.**

Measure 1, Ties to the local community:	20	11
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**Criterion 5.**

Measure 1, Research contributions:	10	10
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Total (add up all assigned scores)	100	81
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**Dispensing Endorsement**

**Measure/Criterion**                      **Total Possible Points**    **Assigned Score**

**Criterion 1**

Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	7
Measure 3. Quality control and quality assurance plan	10	8

**Criterion 2**

Measure 1: Background of principals, board members, and owners:	20	17
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**Criterion 3**

<b>Measure 1, Financing plan:</b>	20	19
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**Criterion 4.**

<b>Measure 1, Ties to the local community:</b>	20	11
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**Criterion 5.**

<b>Measure 1, Research contributions:</b>	10	10
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<b>Total (add up all assigned scores)</b>	100	81
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By checking this box, I hereby certify that I, Reviewer 6, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Scorer 3-1**

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Reviewer Number: 7

Applicant Name: NATIVE ROOTS - 57 STAR

Application Control Number: 19-0025      Application Type: Vertical

**Cultivation Endorsement**

<b><u>Measure/Criterion</u></b>	<b><u>Total Possible Points</u></b>	<b><u>Assigned Score</u></b>
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**Criterion 7**

<b>Measure 1: Labor Peace Agreement</b>	30	30
<b>Measure 2: Labor Compliance Plan</b>	20	20

NATIVE ROOTS

19-0025

Manufacturing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan	20	20

Dispensing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan	20	20

By checking this box, I hereby certify that I, Reviewer J, completed a full review of the assigned measures in this application and that these scores represent my work alone.

Page 73 faded - 1st Page of Labor Peace Agreement  
Subsequent pages were readable.



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**Alternative Treatment Center Reviewer Scoresheet – Team 2**

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Reviewer Number: 8

Applicant Name: Native Roots

Application Control Number: 19-0025

Application Type (C, V, D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
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**Criterion 6**

**Measure 1: Cultivation plan**

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	19
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	19
6.1.3: Methods to control insects that do not include the application of pesticides.	20	19
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	18
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	16

**Measure 2: Manufacturing plan**

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	18
6.2.2: Experience/education in biochemistry, laboratory science, engineering and cannabinoid extraction methods.	20	19
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	16
6.2.4: Methods to prevent and test for contamination in extracted products.	20	16
6.2.5: Health and safety standards for lab employees.	20	17

**Measure 3: Dispensary plan**

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.	15	11
6.3.4: Employee education procedures for patient-facing staff members.	15	13
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	8
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	12

By checking this box, I hereby certify that I, Reviewer 8, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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**Alternative Treatment Center Reviewer Scoresheet – Team 2**

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Reviewer Number: 9

Applicant Name: NATIVE ROOTS - 57STAR, LLC

Application Control Number: 19-0025 Application Type (C,  V, D):

<u>Measure/Criterion</u>	<u>Total Possible Points</u>	<u>Assigned Score</u>
<b>Criterion 6</b>		
<b>Measure 1: Cultivation plan</b>		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	14
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	14
6.1.3: Methods to control insects that do not include the application of pesticides.	20	14
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	13
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	12

**Measure 2: Manufacturing plan**

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	16
6.2.2: Experience/education in biochemistry, laboratory science, engineering and cannabinoid extraction methods.	20	17
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	13
6.2.4: Methods to prevent and test for contamination in extracted products.	20	14
6.2.5: Health and safety standards for lab employees.	20	12

**Measure 3: Dispensary plan**

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	15
6.3.3: Patient education and counseling methods.	15	11
6.3.4: Employee education procedures for patient-facing staff members.	15	10
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	9
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	9

By checking this box, I hereby certify that I, Reviewer 9, completed a full review of the assigned measures in this application and that these scores represent my work alone.