

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number: __/

www.nj.gov/health

JUDITH M. PERSICHILLI, 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.

Application Control Number: 19-003/ Application Type(C, V, Ø):			
<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score		
20	18		
20	5		
	18		
20	18		
20	760		
	Total Possible Points 20 20 20		

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	. 20	
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	·
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab employees.		

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20
6.3.3 : Patient education and counseling methods.	15
6.3.4: Employee education procedures for patient-facing staff members.	15
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	45
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15
· ,	15

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.



State of New Jersey DEPARTMENT OF HEALTH PO BOX 360 TRENTON, N.J. 08625-0360

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Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:		
Applicant Name: Jevseygrow	M	
Applicant Name: Jevsey 370 M Application Control Number: 19-00	3/ Application Type	(C) V, D):
Measure/Criterion	Total Possible Points	
Criterion 1	·	
Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	3
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	12
Criterion 3		
Measure 1, Financing plan:	20	18

Criterion 4.

Measure 1, Ties to the local community:	20	3
Criterion 5.		
Measure 1, Research contributions:	10	
Total (add up all assigned scores)	100	57

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.



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<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2</u>

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Reviewer Number: 3	• .		•
Applicant Name: Jersey Grou	IN LLC		
Application Control Number:	Application Type	c) v	', D):
Measure/Criterion	<u>Total Possible</u> <u>Points</u>		Assigned Score
Criterion 7		٠,	<u>.</u>
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30	

By checking this box, I hereby certify that I, Reviewer $\frac{3}{2}$, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3</u>

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Reviewer Number:		
Applicant Name: JERSE YGROWN	LL C	
Application Control Number: 19-00 3	Application Type	/, D):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	14
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.		



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<u> Alternative Treatment Center Reviewer Scoresheet – Team 1</u>

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Vealendi	Nullinel.	\sim

Applicant Name: Jerseygrown, LLC

Application Control Number: 19-0031 Application Type (C,)V, D):

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

Criterion 2

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

Criterion 3

Measure 1, Financing plan:	20	20

Criterion 4.

Measure 1, Ties to the local community:	20	17
Criterion 5.		•
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	89

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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<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

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Reviewer Number: (ϕ	•	
Applicant Name: Tersey		
Application Control Number:	19-0031 Application Type	e (C) V, D):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1	·	
Measure 1: Security Plan	10	

Measure 1: Security Plan	10	10	
Measure 2. Environmental impact plan	10	8	
Measure 3. Quality control and quality assurance plan	10	6	

Criterion 2

Measure 1: Background of	20	
principals, board members, and		1.7
owners:		. V 1

Criterion 3

Measure 1, Financing plan:	20	17

Criterion 4.

Measure 1, Ties to the local community:	20	14
Criterion 5.		· ·
Measure 1, Research contributions:	10	4
Total (add up all assigned scores)	100	76

A 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.



State of New Iersey

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<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1</u>

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made vopios to ob conocted by Don.		
Reviewer Number: 7		
Applicant Name: Jersey frown	ELC	
Applicant Name: Tersey frown Application Control Number: 19-0031 Measure/Criterion	Application Type (C) V, D):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	·	•
Measure 1: Labor Peace Agreement	30	<i>3</i> 0
Measure 2: Labor Compliance Plan	,	A
	20	15
By checking this box, I hereby certify review of the assigned measures in this represent my work along	y that I, Reviewer, co application and that the	ompleted a full se scores

Labor Report only - NO Union Curdes Cignorial Labor Ref to Lator Compliance but my specificaty Included fluman Resources, Martice of Policy



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JUDITH M. PERSICHILLI, 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:

Applicant Name: Jersey Grown
Application Control Number: /9-003

Application Type (C, V, D):

Total Possible Assigned Measure/Criterion Points Score

Measure 1: Cultivation plan

Criterion 6

middle it deficitation pract		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	18
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	17
6.1.3: Methods to control insects that do not include the application of pesticides.	20	18
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	17
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		18
	20	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
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	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab employees.	20	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	00
6.2.2. Evpovience/education in the	20
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20
6.3.3: Patient education and counseling methods.	
	15
6.3.4: Employee education procedures for patient-facing staff members.	15
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	13
	15
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	
	15

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Reviewer Number:

Applicant Name: JERSEYGROWN, LLC

Application Control Number: $tQ - \phi O \ge l$ Application Type (C, V, D):

Measure/CriterionTotal
Possible
PointsAssigned
Score

Criterion 6

Measure 1: Cultivation plan

E 4 4 - Overall and discount in		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	15
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	10
6.1.3: Methods to control insects that do not include the application of pesticides.		10
	20	15
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	16
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		. 17
	20	

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6.3.3: Patient education and counseling methods.		
	15	
6.3.4: Employee education procedures for patient-facing staff members.	15	
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
	15	
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
·	. 15	

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