

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

PHILIP D. MURPHY
Governor www.nj.gov/health

Governor
SHEILA Y. OLIVER
Lt. Governor

Reviewer Number: _____

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.

Applicant Name: MISSION NEW~	TELSEY, L.	LC	
Application Control Number: <u>/ タ- 00 ち</u> Application Type (ダ,夕, ダ):			
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	<u>Assigned</u> <u>Score</u>	
Criterion 6			
Measure 1: Cultivation plan			
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	4	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	b	
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	160	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20	17	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	2.
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	1/
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	18
6.2.4: Methods to prevent and test for contamination in extracted products.	20	17
6.2.5: Health and safety standards for lab employees.	20	/7

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	ф
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	12
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.		
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	10
	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.



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

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: MSSTON

Application Control Number: 10 -000 Application Type: Vertical

<u>Cultivation Endorsement</u>

Measure/Criterion	Total Possible Points	Assigned Score
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Criterion 1

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

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

20	7
20	7
10	2
100	40
	20

Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
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Criterion 1

Measure 1: Security Plan	10	4
Measure 2. Environmental impact plan	10	15
Measure 3. Quality control and quality assurance plan	10	3

Measure 1: Background of	20	
principals, board members, and		1 1
owners:		
	<u> </u>	<i> </i>

Measure 1, Financing plan:	20	
	£.V	1. 7
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	
		12
Total (add we all and)		
Total (add up all assigned scores)	100	39

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	5
Measure 3. Quality control and quality assurance plan	10	13

Measure 1: Background of principals, board members, and owners:	20	()
owners.		

Measure 1, Financing plan:	20	7
Criterion 4.		
Measure 1, Ties to the local community:	20	7
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	40
Z By checking this box, I hereby certify the review of the assigned measures in this appresent my work alone.	eat I, Reviewer <u>2</u> pplication and that	, completed a full t these scores



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

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.

nard copies to be collected by DOH.			•
Reviewer Number: 3			
Applicant Name: MISSION NE	w Jersey		•
Application Control Number:	Application Type ((c, (v) D):
Measure/Criterion	<u>Total Possible</u> <u>Points</u>	٠	Assigned Score
Criterion 7		٠,	.
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30	30

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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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

Applicant Name: MISSION NEW JENSEY

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JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

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

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: $19-008$ (Application Type: Ver	tical	
<u>Cultivation</u> E	<u>Endorsement</u>		
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	19	
Manufacturing Endorsement			
Measure/Criterion	<u>Total Possible Points</u>	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	19	

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	19
By checking this box, I hereby certify review of the assigned measures in this represent my work alone.	that I, Reviewer, co application and that these	mpleted a full e scores



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Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

5

Applicant Name:

Measure/Criterion

Mission New Jersey

Application Control Number: 19-008 O Application Type: Vertical

Cultivation Endorsement

Total Possible Points Assigned Score

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

Measure 1: Background of	20	
principals, board members, and		10
owners:		\

19-0080

Criterion 3

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	15
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	91

Manufacturing Endorsement

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

Criterion 2

Measure/Criterion

Measure 1: Background of	20	
principals, board members, and	•	10
owners:		19
L		,

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	15
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	91

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	.9
Measure 3. Quality control and quality assurance plan	10	10
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	19

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	15
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	92

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:

Applicant Name: Mission New Jersey

Application Control Number: $\sqrt{9} - 0080$ Application Type: Vertical

Cultivation Endorsement

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

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

Measure 1: Background of	20	
principals, board members, and		10
owners:		10

Measure 1, Financing plan:	20	1.9
Criterion 4.		

Measure 1, Ties to the local	20	
community:		13

Criterion 5.

Measure 1, Research contributions:	10	8

Total (add up all assigned scores)	100	85	

Manufacturing Endorsement

Measure/Criterion Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	٩
Measure 3. Quality control and quality assurance plan	10	10

Measure 1: Background of	20	
principals, board members, and		10
owners:		16
		ļ

Measure 1, Financing plan:	20	19
		\ \

Criterion 4.

Measure 1, Ties to the local	20	
community:		13

Criterion 5.

Measure 1, Research contributions:	10	8

Total (add up all assigned scores)	100	61
		OT

Dispensing Endorsement

Measure/Criterion

Criterion 1

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

Measure 1: Background of	20	
principals, board members, and		18
owners:		10

Measure 1, Financing plan:	20	\1
Criterion 4.		
Measure 1, Ties to the local community:	20	\3
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	86

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



State of New Jersey

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

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Reviewer	Number	سی
Keviewer	Number:	

Applicant Name:

MISSION NEW JErsey

Application Control Number:

19-0080

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

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

MISSION New Jersey 19-0080 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				
	<u>; Endorsement</u>			
<u>Dispensing</u> Measure/Criterion	Endorsement Total Possible Points	Assigned Score		
Measure/Criterion Criterion 7	,	Assigned Score		
Measure/Criterion	,	Assigned Score		
Measure/Criterion Criterion 7 Measure 1: Labor Peace Agreement	,	Assigned Score		
Measure/Criterion Criterion 7	Total Possible Points			

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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Alternative Treatment Center Reviewer Scoresheet - Team 2

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		F)
Reviewer	Number:	8

Applicant Name: Mission New Jersey

Application Control Number: 19-0080 Application Type (C/V

TotalPossibleAssignedMeasure/CriterionPointsScore

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	19
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	20

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 biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	13
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	20
6.2.4: Methods to prevent and test for contamination in extracted products.	20	18
6.2.5: Health and safety standards for lab employees.	20	19

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	17
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	17
6.3.3: Patient education and counseling methods.	15	14
6.3.4: Employee education procedures for patient-facing staff members.	15	14
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	15

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Application Control Number: 19-0080 Application Type (C, Q D): Total Possible Points Score Criterion 6 Measure 1: Cultivation plan 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 6.1.3: Methods to control insects that do not include the application of pesticides. 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	Applicant Name: MISSION NJ			
Measure/Criterion Criterion 6 Measure 1: Cultivation plan 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 6.1.3: Methods to control insects that do not include the application of pesticides. 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	Application Control Number: $19-0080$ Application Type (C, \hat{Q} , D):			
Measure 1: Cultivation plan 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 6.1.3: Methods to control insects that do not include the application of pesticides. 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	<u>Measure/Criterion</u>	<u>Possible</u>		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 6.1.3: Methods to control insects that do not include the application of pesticides. 20 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	Criterion 6			
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6.1.3: Methods to control insects that do not include the application of pesticides. 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	phytochemistry and the application of those			
include the application of pesticides. 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	•	20	12	
for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	-	20	16	
mitigation, sanitation and airflow, and employee safety in cultivation environments.	for plant disease and other contamination.	20	15	
20 16	mitigation, sanitation and airflow, and employee			
		20	16	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	15
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	11
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	14
6.2.5: Health and safety standards for lab employees.	20	16

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6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	17
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	17
6.3.3: Patient education and counseling methods.	15	(4
6.3.4: Employee education procedures for patient-facing staff members.	15	14
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	12
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	13

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