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: Shoal Success, LLC

Application Control Number: 19-0014 Application Type (C, V(D))

<table>
<thead>
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<th>Measure/Criterion</th>
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<tbody>
<tr>
<td><strong>Criterion 6</strong></td>
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</tbody>
</table>

**Measure 1: Cultivation plan**

| 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. | 20 |
| 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. | 20 |
| 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. | 20 |
### Measure 2: Manufacturing plan

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

### Measure 3: Dispensary plan

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

☑ 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.
Alternative Treatment Center Reviewer Scoresheet – Team 1

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Reviewer Number: 2
Applicant Name: Shore Success
Application Control Number: 19-0114
Application Type (C, V, O)

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<tr>
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<tr>
<td>Measure 1: Security Plan</td>
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<td>Measure 2. Environmental impact plan</td>
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<td>Measure 3. Quality control and quality assurance plan</td>
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<td>Criterion 2</td>
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<tr>
<td>Measure 1: Background of principals, board members, and owners:</td>
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<tr>
<td>Criterion 3</td>
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<tr>
<td>Measure 1, Financing plan:</td>
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Criterion 4.

| Measure 1, Ties to the local community: | 20 | 8 |

Criterion 5.

| Measure 1, Research contributions: | 10 | 5 |
| Total (add up all assigned scores) | 100 | 30 |

☐ 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.
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: Shore Success LLC

Application Control Number: Application Type (C, V, D):

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<thead>
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<th>Measure/Criterion</th>
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<td>Measure 3: Minority-owned, women-owned or veteran-owned business certification</td>
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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.
**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:** SHORE SUCCESS LLC  
**Application Control Number:** 19-0114  
**Application Type (C, V, P):**

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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.
### Alternative Treatment Center Reviewer Scoresheet – Team 1

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:** 5  
**Applicant Name:** Shore Success, LLC dba Shore Comfort Care, ATC  
**Application Control Number:** 19-0114  
**Application Type (C, V, D):**

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Criterion 4.

| Measure 1, Ties to the local community: | 20 | 19 |

Criterion 5.

| Measure 1, Research contributions: | 10 | 10 |

| Total (add up all assigned scores) | 100 | 98 |

\[
\square \text{ By checking this box, I hereby certify that I, Reviewer 5, completed a full review of the assigned measures in this application and that these scores represent my work alone.}
\]
Alternative Treatment Center Reviewer Scoresheet – Team 1

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Reviewer Number: 60

Applicant Name: Shore Success LLC

Application Control Number: 19-0114

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<td>Measure 3. Quality control and quality assurance plan</td>
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Criterion 5.

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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.
Alternative Treatment Center Reviewer Scoresheet – Scorer 3-1

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: 7

Applicant Name: SHORE Success, LLC

Application Control Number: 19-0114

<table>
<thead>
<tr>
<th>Measure/Criterion</th>
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<tr>
<td>Measure 1: Labor Peace Agreement</td>
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<td>Measure 2: Labor Compliance Plan</td>
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**Alternative Treatment Center Reviewer Scoresheet – Team 2**

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**Reviewer Number:** 8  
**Applicant Name:** Shore Success  
**Application Control Number:** 19-0114  
**Application Type (C, V):** √

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<tr>
<td><strong>Criterion 6</strong></td>
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**Measure 1: Cultivation plan**

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<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>6.1.1</td>
<td>Overall practices, policies and procedures related to the cultivation of medical cannabis.</td>
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</tr>
<tr>
<td>6.1.2</td>
<td>Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.</td>
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<td>6.1.3</td>
<td>Methods to control insects that do not include the application of pesticides.</td>
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<td>Methods to prevent and minimize and test for plant disease and other contamination.</td>
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<td>Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.</td>
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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 biochemistry, 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

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| 6.3.3: Patient education and counseling methods. | 15 |
| 6.3.4: Employee education procedures for patient-facing staff members. | 12 |
| 6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients. | 12 |
| 6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers. | 12 |

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Alternative Treatment Center Reviewer Scoresheet – Team 2

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Reviewer Number: 9
Applicant Name: SHARE SUCCESS
Application Control Number: 19-0114 Application Type (C, V, D):

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<tr>
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| 6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products. | 20 |
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### Measure 3: Dispensary plan

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

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