

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

<u>Alternative Treatment Center Reviewer Scoresheet - Team 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.

Applicant Name: NT NECTAR VENT	PRES	
Application Control Number: 19-0030 App	olication Type (Q(X, Ø):
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		· ·
Measure 1: Cultivation plan		
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	15
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	18
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		19 73 , 11 11 15
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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 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.		
	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.	-	
patient-lacing stall 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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<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

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Application Control Number: 9-00		
Applicant Name: NO Necto	ar Ventures	5
Application Control Number: 19-00	30 Application Type	((C,)V, D);
Measure/Criterion	Total Possible Points	
Criterion 1		
Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	<u> </u>
Measure 3. Quality control and quality assurance plan	10	6
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	6
Criterion 3		
Measure 1, Financing plan:	20	15

Criterion 4.

Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	5
Total (add up all assigned scores)	100	.59



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

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hard copies to be collected by DOH.	-	•
Reviewer Number: 3		
Applicant Name: NJ NecTAR	VENTURES	LLC
Application Control Number:	Application Type	V, D):
19-0030	Total Possible	· ·
Measure/Criterion	Points	Assigned Score
Criterion 7		,
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30
-		<u> </u>



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<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.

Reviewer Number:

Applicant Name: NECTAR VENTURES

Application Control Number: 19-0030 Application Type (V, D):

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 4: Workforce and job-creation		
plan	20	15



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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: NJ	Nector Ventures, LLC	
Application Control Num	ber: 19-0030 Application Type((C, V, D):
Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 1		

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

Criterion 2

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

Criterion 3

Measure 1, Financing plan:	20	
, ,		
		<i>(</i>

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		•
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	92



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Judith M. Persichilli, RN, BSN, MA

Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: 6			
Applicant Name: NJ Nectar Ventures			
Application Control Number: \9-00		(C,V, D):	
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 1			
Measure 1: Security Plan	10	8	
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	
Criterion 3			
Measure 1, Financing plan:	20	18	

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	82



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JUDITH M. PERSICHILLI, RN, BSN; MA Acling Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1</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: Weether Vent	tures	
Application Control Number: $19-00$	30 Application Type ©	⟩ V, D):
Measure/Criterion Total Possible Points Assigned Section 1		
Criterion 7		
Measure 1: Labor Peace Agreement		
	. 30	30
Measure 2: Labor Compliance Plan		
	20	19

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.

detailed Cator Law Compliance But short on specific beyond requirements



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<u>Alternative Treatment Center Reviewer Scoresheet - Team 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.

Reviewer Number:

Applicant Name: UT Nector Ventures

Application Control Number: 19-0030 Application Type (C, V, D):

<u>Total</u>
<u>Possible</u> <u>Assigned</u>

<u>Measure/Criterion</u> <u>Points</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	17
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	.15
6.1.3: Methods to control insects that do not include the application of pesticides.	20	2/
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	15
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	13

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.		
6.2.2: Experience/education in biochemisty,	20_	
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.		
	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.		-
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	
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Reviewer Number: # 9

Applicant Name: NI NECTAR VENTURES, LLC

Application Control Number: (Q-0030Application Type (C, V, D): $^{''}$

Measure/Criterion Points Assigned Points Score

Criterion 6

Measure 1: Cultivation plan

mode of the data attention plant		
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	15
6.1.3: Methods to control insects that do not include the application of pesticides.	20	(8
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	15
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	(8)

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.		
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6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.		
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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	į

Measure 3: Dispensary plan

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