

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.

Applicant Name: GLEEN LEAF MEDICAL OF NEW TELSET, LLC

| Application Control Number: 19-0098. Application Type (C, (Q, D): | | | |
|--|--|-------------------|--|
| 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 | 18 | |
| 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. | | | |
| | 20 | 18 | |
| 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 | 18 |
|--|----|-----|
| 6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods. | 20 | /6 |
| 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 | 160 |
| 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 | 160 |

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 | 18 |
| 6.3.3: Patient education and counseling methods. | 15 | 15 |
| 6.3.4: Employee education procedures for patient-facing staff members. | 15 | 1.5 |
| 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. | | |
| 1 | 15 | /3 |

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.



19-0098

State of New Jersey DEPARTMENT OF HEALTH

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

PHILIP D. MURPHY Governor

SHEILA Y, OLIVER
Lt. Governor

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

Assigned Score

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

Applicant Name:

Measure/Criterion

Application Control Number:

Measure 3. Quality control and

quality assurance plan

Application Type: Vertical

Cultivation Endorsement

Total Possible Points

10

(9-0098

| Criterion 1 | • | |
|---------------------------------|----|----|
| Measure 1: Security Plan | 10 | 16 |
| Measure 2. Environmental impact | 10 | 7 |

| Measure 1: Background of | 20 | 1/ 1 |
|--------------------------------|----|------|
| principals, board members, and | | 14 1 |
| owners: | | , |
| <u></u> | | |

| Measure 1, Financing plan: | 20 | 17 |
|---|-------|------|
| Criterion 4. | | |
| Measure 1, Ties to the local community: | 20 | 8 |
| Criterion 5. | | |
| Measure 1, Research contributions: | 10 | . 3 |
| Total (add up all assigned scores) | 100 ' | (01) |

Manufacturing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

| Measure 1: Security Plan | 10 | () |
|---|----|----|
| Measure 2. Environmental impact plan | 10 | 5 |
| Measure 3. Quality control and quality assurance plan | 10 | 8 |

| | Measure 1: Background of principals, board members, and | 20 | 14 |
|---|--|----|-------|
| L | owners: | | ' / ' |

| Measure 1, Financing plan: | 00 | |
|------------------------------------|-----|------|
| measure i, i maricing plan. | 20 | 1 17 |
| | | |
| Criterion 4. | | |
| Measure 1, Ties to the local | 20 | |
| community; | | 8 |
| Criterion 5. | | |
| Measure 1, Research contributions: | 10 | |
| · | | 5. |
| Total (add up all assigned scores) | 100 | |
| | ,00 | 6/ |

Dispensing Endorsement

Measure/Criterion

<u>Total Possible Points</u> <u>Assigned Score</u>

Criterion 1

| Measure 1: Security Plan | 10 | 17 |
|---|------|----|
| Measure 2. Environmental impact plan | . 10 | 15 |
| Measure 3. Quality control and quality assurance plan | 10 | 9 |

| Measure 1: Background of | 20 | |
|--------------------------------|----|-----|
| principals, board members, and | | 14 |
| owners: | | |
| | | l l |

| Measure 1, Financing plan: | 20 | 17 |
|---|--|-------------------------------------|
| Criterion 4. | | |
| Measure 1, Ties to the local community: | 20 | 8 |
| Criterion 5. | | |
| Measure 1, Research contributions: | 10 | 3 |
| Total (add up all assigned scores) | 100 | UB |
| By checking this box, I hereby certify eview of the assigned measures in this epresent my work alone. | that I, Reviewer 2 application and that | _, completed a full these scores |



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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA 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.

| hard copies to be collected by DOH. | esheets and upload to sharepoint. Retain |
|---|--|
| Reviewer Number: 3 | |
| Applicant Name: Green Leaf | : Medical of New Jersey LL |
| Application Control Number: | Application Type (C, (V), D): |
| Measure/Criterion | Total Possible Points Assigned Score |
| Criterion 7 | |
| Measure 3: Minority-owned, women- owned or veteran-owned business certification | 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:

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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.

| | n | [T |
|--|-----------------------|----------------|
| Applicant Name: GREEN LEAF | | |
| Application Control Number: 19-0098 Application Type: Vertical | | |
| Cultivation E | <u>Endorsement</u> | |
| Measure/Criterion | Total Possible Points | Assigned Score |
| Criterion 7 | | |
| Measure 4: Workforce and job-creation plan | 20 | 18 |
| Manufacturing Endorsement | | |
| Measure/Criterion | Total Possible Points | Assigned Score |
| Criterion 7 | | |
| Measure 4: Workforce and job-creation plan | 20 | ι 8 |
| | In | |

Dispensary Endorsement

| Measure/Criterion | Total Possible Points | <u>Assigned Score</u> |
|---|---|----------------------------|
| Criterion 7 | | |
| Measure 4: Workforce and job-creation plan | 20 | 18 |
| ☑ 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 thes | mpleted a full e scores |



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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: 5

Applicant Name: Green Leaf Medical of NJ, LLC

Application Control Number: 19-0098 Application Type: Vertical

Cultivation Endorsement

| Measure/Criterion | | Total Possible Points | Assigned Score |
|-------------------|---|-----------------------|----------------|
| Criterion 1 | | | • |
| Criterion i | • | | |

| 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 | |
|----------------------------|----|----|
| • | | 20 |
| | | |

Criterion 4.

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

Criterion 5.

| Management Description of the co | | |
|------------------------------------|----|------|
| Measure 1, Research contributions: | 10 | |
| , | '' | |
| į į | | 17 } |
| ! | | 10 |
| | | |
| | | |
| | | |
| | | |

| Total (add up all assigned scores) | 100 | |
|------------------------------------|-----|----|
| | | 94 |

Manufacturing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

| Measure 1: Security Plan | 10 | 1.6 |
|---|----|-----|
| | | 10 |
| Measure 2. Environmental impact plan | 10 | 9 |
| Measure 3. Quality control and quality assurance plan | 10 | g |

| Measure 1: Background of | 20 | |
|--------------------------------|----------|------|
| principals, board members, and | | ا اس |
| owners: | | /8// |
| | <u> </u> | |

| Measure 1, Financing plan: | 20 | 20 |
|---|-----|----|
| Criterion 4. | | |
| Measure 1, Ties to the local community: | 20 | 18 |
| Criterion 5. | | |
| Measure 1, Research contributions: | 10 | 10 |
| Total (add up all assigned scores) | 100 | 94 |

Dispensing Endorsement

| Measure/Criterion Total | Possible Points | Assigned Score |
|-------------------------|-----------------|-----------------------|
|-------------------------|-----------------|-----------------------|

Criterion 1

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

| Measure 1: Background of | 20 | |
|--------------------------------|----|-----|
| principals, board members, and | | 1 |
| owners: | | / |
| <u> </u> | | , 0 |

| 20 | , |
|-----|----|
| 20 | 20 |
| | |
| | · |
| 20 | 18 |
| | |
| 10 | |
| | 10 |
| 100 | |
| 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.



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

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

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

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| | | f |
|----------|--------|-----|
| Reviewer | Number | (a) |

Measure/Criterion

Applicant Name: Green Leaf Medical of NJ LLC

Application Control Number: $\sqrt{q} = 00$ $q \in \mathbb{R}$ Application Type: Vertical

Cultivation Endorsement

Total Possible Points Assigned Score

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

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

| Measure 1, Financing plan: | 20 | 10 |
|---|----|-----|
| Criterion 4. | | |
| Measure 1, Ties to the local community: | 20 | 18 |
| Criterion 5. | | |
| Measure 1, Research contributions: | 10 | į e |

Manufacturing Endorsement

100

23

| Measure/Criterion | <u>Total Possible Points</u> | Assigned Score |
|-------------------|------------------------------|----------------|
| | | Addigned Coole |

Criterion 1

Total (add up all assigned scores)

| Measure 1: Security Plan | 10 | 9 | |
|---|----|---|-----|
| 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 | | 1 19 |
| owners: | | ' 1 |
| | ł | į l |

| Measure 1, Financing plan: | 20 | |
|----------------------------|----|----|
| | | 10 |
| | | |

Criterion 4.

| Measure 1, Ties to the local | 20 | |
|------------------------------|----|------|
| community: | | 81 🐠 |

Criterion 5.

| Measure 1, Research contributions: | 10 | |
|------------------------------------|----|-----|
| | | (0) |

| Total (add up all assigned scores) | 100 | LIО |
|------------------------------------|-----|-----|
| | | 1) |

Dispensing Endorsement

Measure/Criterion

<u>Total Possible Points</u> <u>Assigned Score</u>

Criterion 1

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

| Measure 1: Background of | 20 | |
|--------------------------------|----|-------|
| principals, board members, and | | ia |
| owners: | | \ \ \ |
| |] | |

| Measure 1, Financing plan: | 20 | 10 |
|---|-----|-----|
| Criterion 4. | | |
| Measure 1, Ties to the local community: | 20 | (& |
| Criterion 5. | | |
| Measure 1, Research contributions: | 10 | (5) |
| Total (add up all assigned scores) | 100 | 94 |

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Governor Sheila Y. Oliver Lt. Governor

PHILIP D. MURPHY

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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1

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| Reviewer Number: | | |
|--|--------------------------------------|----------------|
| Applicant Name: GREEN LEAD | = Medical of N | · · |
| Application Control Number: 19-009 Cultivation | Application Type: V n Endorsement | ertical |
| Measure/Criterion | Total Possible Points | Assigned Score |
| Criterion 7 | | |
| Measure 1: Labor Peace Agreement | | 7. |
| Macoure 2: Labor Compliance Disc | 30 | 20 |

GREEN LEAF Medical of NJ. 19-00 98 Manufacturing Endorsement

| wanulacturing Endorsement |
|---------------------------|
| • |

| Measure/Criterion | Total Possible Points | Assigned Score | |
|----------------------------------|-----------------------|----------------|--|
| Criterion 7 | | | |
| Measure 1: Labor Peace Agreement | | | |
| | 30 | 3 0 | |
| Measure 2: Labor Compliance Plan | 20 | 20 | |
| • • | | | |
| Dispensing Endorsement | | | |
| Measure/Criterion | Total Possible Points | Assigned Score | |
| Criterion 7 | | | |
| Measure 1: Labor Peace Agreement | | | |
| · | | フ~ | |
| | 30 | 30 · | |

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.

20



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Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer Number: 8

Applicant Name: Green Leaf

Application Control Number: /9-0098 Application Type (C

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

Criterion 6

Measure 1: Cultivation plan

| 20 | 19 |
|----|----------|
| 20 | 19 |
| 20 | 18 |
| 20 | 19 |
| 20 | 18 |
| | 20 20 |

Measure 2: Manufacturing plan

| 6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products. | 20 | 19 |
|--|------|----|
| 6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods. | 20 | 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 | 20 |
| 6.2.4: Methods to prevent and test for contamination in extracted products. | 20 | 19 |
| 6.2.5: Health and safety standards for lab employees. | 20 | 18 |

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 | 13 |
| 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 | 14 |

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Governor
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Reviewer Number:

PHILIP D. MURPHY

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

<u>Alternative Treatment Center Reviewer Scoresheet - Team 2</u>

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| Applicant Name: GREEN LEAF MEDICAL OF NIT | | | | |
|---|--|-------------------|--|--|
| Application Control Number: 19-0098 Application Type (C, D): | | | | |
| 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 | 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. | | | | |
| 044.14 | 20 | 16 | | |
| 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. | | | | |
| assety in calavation on vironmonto. | 20 | 7 | | |

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 biochemisty, laboratory science, engineering and cannabinoid extraction methods. | 20 | (7 |
| 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 | 14 |
| 6.2.4: Methods to prevent and test for contamination in extracted products. | 20 | 15 |
| 6.2.5: Health and safety standards for lab employees. | 20 | (4 |

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 | 16 |
| 6.3.3: Patient education and counseling methods. | 15 | 15 |
| 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 | 13 |
| 6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers. | 15 | 12 |

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