

TRENTON, N.J. 08625-0360

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Governor
SHEILA Y. OLIVER
Lt. Governor

Reviewer Number: \_\_/\_

PHILIP D. MURPHY

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: MLH NEW JEISEY, LLC

Application Control Number: <u>/ ター ク/33</u> Application Type (C, <b>が</b> )):				
Measure/Criterion	Total Possible Points	Assigned Score		
Criterion 6				
Measure 1: Cultivation plan				
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	18		
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.				
orionoo iii sio odistatori of modona, manjaana.	20	160		
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.				
	20	18		
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	14		
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.				
	20	$\boldsymbol{arepsilon}$		

## Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	160
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	/5
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	. /7
6.2.4: Methods to prevent and test for contamination in extracted products.	20	17.
<b>6.2.5</b> : Health and safety standards for lab employees.	·20	18

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	110
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	/0
<b>6.3.3</b> : Patient education and counseling methods.	15	7
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	7
<b>6.3.5</b> : 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	15	12
dispensary location expands access to patients and caregivers.		
	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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# 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:

MLH Ethos **Applicant Name:** 

Application Control Number: 19-0133 Application Type: Vertical

#### **Cultivation Endorsement**

#### Measure/Criterion Total Possible Points

#### **Assigned Score**

#### Criterion 1

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

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

Measure 1, Financing plan:	20	5
Criterion 4.		
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	3
		1:
Total (add-up all assigned scores)	100	29

## Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	<u> </u>
Measure 2. Environmental impact	10	2
Measure 3. Quality control and quality assurance plan	10	4
Criterion 2		7
Measure 1: Background of principals, board members, and owners:	20	

20	5_
20	8
10	13
100	39
	20

# **Dispensing Endorsement**

## Measure/Criterion

Total Possible Points Assigned Score

#### Criterion 1

Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	2
Measure 3. Quality control and quality assurance plan	10	1 7

Measure 1: Background of	20	7	
principals, board members, and owners:			
			/

Measure 1, Financing plan:	20	15
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	39

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 - 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: M L H New	Jersey LL		,	
Application Control Number:	Application Type (	c,(v	<b>)</b> D):	
Measure/Criterion	<u>Total Possible</u> <u>Points</u>		<u>Assigne</u>	d Score
Criterion 7		٠,	-	
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.

PHILIP D. MURPHY Governor

SHEILA Y, OLIVER Lt. Governor

Reviewer Number:

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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.

	•		
Applicant Name: MLH NEW J			
Application Control Number: 19-0133 Application Type: Vertical			
<u>Cultivation E</u>	<u>Indorsement</u>		
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	16	
Manufacturing Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	16	
		<del>,</del>	

#### **Dispensary Endorsement**

Measure/Criterion	Total Possible Points	<u>Assigned Score</u>
Criterion 7		
Measure 4: Workforce and job-creation plan	20	16
By checking this box, I hereby certify review of the assigned measures in this represent my work alone.	that I, Reviewer, cor application and that these	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: MLH New Jersey, LLC dba Ethos Cannibus

Application Control Number: 19-0133 Application Type: Vertical

#### **Cultivation Endorsement**

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

Measure 1: Security Plan	10	
Measure 2. Environmental impact	10	7
Measure 3. Quality control and	10	8
quality assurance plan		9

Measure 1: Background of	20	
principals, board members, and		101
owners:		\\ \\ \\ \\
	<u> </u>	

Measure/Criterion

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	90

#### **Manufacturing Endorsement**

Measure 1: Security Plan	10	-
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		18/
owners:		
		· ·

Total (add up all assigned scores)

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

#### **Dispensing Endorsement**

100

90

# Criterion 1 Measure 1: Security Plan 10 Measure 2. Environmental impact plan 7 Measure 3. Quality control and quality assurance plan 8

#### Criterion 2

Measure/Criterion

Measure 1: Background of	20	17114-1-1
principals, board members, and		10
owners:		10

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	98

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

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Lt. Governor

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Acting Commissioner

#### Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

Applicant Name: MLH New Tersey LLC

Application Control Number: 16-0137 Application Type: Vertical

#### **Cultivation Endorsement**

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

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

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

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	(0
Total (add up all assigned scores)	100	91

#### **Manufacturing Endorsement**

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

#### **Criterion 1**

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

Measure 1: Background of	20	
principals, board members, and		, 0,
owners:		\ \ \

Measure 1, Financing plan:	20	10
		l t

#### Criterion 4.

Measure 1, Ties to the local	20	
community:		20

#### Criterion 5.

Measure 1, Research contributions:	10	
		10

Total (add up all assigned scores)	100	97
		1

#### **Dispensing Endorsement**

# Measure/Criterion Total Possible Points Assigned Score

#### Criterion 1

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

Measure 1: Background of	20	
principals, board members, and		1 91
owners:		

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	(5)
Total (add up all assigned scores)	100	93

By checking this box, I hereby certify that I, Reviewer \_\_\_\_\_, completed a full teview 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 3-1</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.

Tersey, LLC	
Application Type: V	ertical
Total Possible Points	Assigned Score
	·
30	3 o
20	5
	Total Possible Points  30

Other Hum a brief our sentence statement that it would compay with all Federal, State, Loral laws and seek quicking from appropriate professional; the application contained no specific later Comphance Plan.

MLH New Jersey, CCC

#### **Manufacturing Endorsement**

Measure/Criterion	M	ea	su	re/	Cr	ite	rion	ì
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Total Possible Points

**Assigned Score** 

#### Criterion 7

Measure 1: Labor Peace Agreement		-
	30	50
Measure 2: Labor Compliance Plan	The second secon	
	20	5

#### **Dispensing Endorsement**

Measure/Criterion

**Total Possible Points** 

**Assigned Score** 

#### Criterion 7

Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		
	20	5

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 2</u>

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Reviewer Number:  $\otimes$ 

Applicant Name: MLH New Jersey

Application Control Number: /9-0133 Application Type (C, V, D)

Total
Possible Assigned
Points Score

Measure/Criterion

Criterion 6

Measure 1: Cultivation plan

<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	6
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	16
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.	20	16
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	16
<b>6.1.5</b> : Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	15

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	19
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	17
<b>6.2.3:</b> 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	19
6.2.4: Methods to prevent and test for contamination in extracted products.	20	20
<b>6.2.5:</b> Health and safety standards for lab employees.	20	19

#### Measure 3: Dispensary plan

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

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Reviewer Number:				
Applicant Name: <u>MLH Nゴ</u>				
Application Control Number: <u>19-0133</u> Application Type (C, <b>心</b> D):				
	<u>Total</u> Possible	Assigned		
Measure/Criterion	Points	Score Score		
Criterion 6				
Measure 1: Cultivation plan				
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	11		
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.		16		
6.1.4: Methods to prevent and minimize and test	20	10		
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	0		

### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	14
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	17
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	13
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	15

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.		
•	20	12
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.		
	20	10
6.3.3: Patient education and counseling methods.		
	15	7
<b>6.3.4:</b> 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	9
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	8

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