

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

PHILIP D. MURPHY Governor SHEILA Y. OLIVER LI. 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:			
Application Control Number: 19-0143 Application Type (CV)):			
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	14	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	2	
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	20	10	
for plant disease and other contamination.	20	10	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20	12	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	//0
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	/2
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	//0.
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	12

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	//0
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	10
6.3.3: Patient education and counseling methods.	15	7
6.3.4: Employee education procedures for patient-facing staff members.	15	10
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	ಕ
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	6

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Triangue Humber.		
Applicant Name: InSa II		
Application Control Number:	Application Type	: Vertical
19-C	143	
<u>Cultivat</u>	ion Endorsement	
<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	6
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	16

Total (add up all assigned scores)

Measure 1, Financing plan:	20	4
Criterion 4.		
Measure 1, Ties to the local community:	20	3
Criterion 5.		
Measure 1, Research contributions:	10	2

Manufacturing Endorsement

100

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		•
Measure 1: Security Plan	10	-

Measure 1: Security Plan	10	4
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	5

Measure 1: Background of principals, board members, and	20	17
owners:	r	16

Measure 1, Financing plan:	20	4
Criterion 4.		
Measure 1, Ties to the local community:	20	3
Criterion 5.		
Measure 1, Research contributions:	10	

		```
Total (add up all assigned scores)	100	4-2
		15

## Dispensing Endorsement

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

## Criterion 1

Measure 1: Security Plan	10	(/
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	6

Measure 1: Background of	20	
principals, board members, and owners:		16
		1.4

Crite	rior	13
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Measure 1, Financing plan:	20	1 4
Criterion 4.		
Measure 1, Ties to the local community:	20	3
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	144

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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Governor SHEILA Y. OLIVER Lt. Governor

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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: INSA 2 LL		
Application Control Number: 19-0143	Application Type (C,	D):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 3: Minority-owned, women- owned or veteran-owned business certification	30	25

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

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Reviewer Number:

Applicant Name: INSA 2 LLC

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## 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.

Application Control Number: 19-014 3	Application Type: Ver	rtical	
<u>Cultivation E</u>	<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	18	

20

## **Dispensary Endorsement**

Measure/Criterion	Total Possible Points	Assigned Score
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, 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

Measure/Criterion

Applicant Name: INSA JL LLC

Application Control Number: 19-0143 Application Type: Vertical

#### **Cultivation Endorsement**

Total Possible Points Assigned Score

Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	[0]

Measure 1: Background of	20	A 15
principals, board members, and		
owners:		

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.	:	
Measure 1, Research contributions:	10	10

Total (add up all assigned scores)	100	
		95

## Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
,		

## Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	70

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

Measure 1, Financing plan:	20	/8
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	95

## **Dispensing Endorsement**

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

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	95

☑ By checking this box, I hereby certify that I, Reviewer <u>5</u>, 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: INSA 2, LLC

Application Control Number: \9 -0143

**Application Type: Vertical** 

## **Cultivation Endorsement**

#### Measure/Criterion

#### **Total Possible Points Assigned Score**

#### Criterion 1

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

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

Measure 1, Financing plan:	20	18

#### Criterion 4.

Measure 1, Ties to the local	20	
community:		20

#### Criterion 5.

	Measure 1, Research contributions:	10	20	
--	------------------------------------	----	----	--

Total (add up all assigned scores)	100	97
		' '

## **Manufacturing Endorsement**

#### Measure/Criterion

#### Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	\0

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

Measure 1, Financing plan:	20	(8

#### Criterion 4.

Measure 1, Ties to the local	20	
community:		20

#### Criterion 5.

10	
	20
T	***************************************
_	10

Total (add up all assigned scores)	100	97
	į	

## **Dispensing Endorsement**

#### Measure/Criterion

#### **Criterion 1**

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

Measure 1: Background of	20	
principals, board members, and		١٩
owners:		• (

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	70
Criterion 5.		
Measure 1, Research contributions:	10	20
Total (add up all assigned scores)	100	97

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**Reviewer Number:** 

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

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Applicant Name: INSAII LO	CC	
Application Control Number	Application Type, V	'ertical
Cultivation	Endorsement	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	30	50
Measure 2: Labor Compliance Plan	20	15

INSATT 19-0143

## Manufacturing Endorsement

Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	30	.30
Measure 2: Labor Compliance Plan		1.
	20	/3
		_
<u>Dispensin</u>	g Endorsement	-
Measure/Criterion	Total Possible Points	Assigned Score
		•

Criterion :	7
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Measure 1: Labor Peace Agreement		
	30.	30
Measure 2: Labor Compliance Plan		/
·	20	15

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## Alternative Treatment Center Reviewer Scoresheet - Team 2

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		6
Reviewer	Number:	(

Applicant Name: INSA II LLC

Application Control Number:  $\sqrt{-043}$  Application Type (C,  $\sqrt{D}$ ):

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

#### Criterion 6

#### Measure 1: Cultivation plan

measure 1. Outilvation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	19
<b>6.1.2:</b> 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
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	19
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	·	20
	20	

## Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	17
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	16
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	17
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	15

## Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	19
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	18
<b>6.3.3:</b> Patient education and counseling methods.	15	15
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	15
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	14
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	

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Applicant Name: INSA IL LLC		
Application Control Number: <u>(9-0/43</u> Application Type (C, <b>(</b> D):		
Measure/Criterion	Total Possible Points	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.		10
,	20	12
6.1.3: Methods to control insects that do not include the application of pesticides.		16
6 4 4: Mothada to provent and minimize and test	20	(10)
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	14
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee		
safety in cultivation environments.	20	14

## Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	16
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	(2
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	15
<b>6.2.5:</b> 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	17
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	16
<b>6.3.3:</b> Patient education and counseling methods.	15	(2
6.3.4: Employee education procedures for patient-facing staff members.	15	(3
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	10
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	9

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