

PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

Governor
SHEILA Y. OLIVER
LI. 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: REVOLUTION NT, LLC

Application Control Number: 19-0144 App	olication Type (e(V)D):
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	<u>Assigned</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	18
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	/5
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	16
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	15

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	8
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	18
6.2.4: Methods to prevent and test for contamination in extracted products.	20	17
6.2.5: Health and safety standards for lab employees.	20	17

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	16
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	15
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.		
0.7.0. []	15	8
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	10

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

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Reviewer	
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Applicant Name:

Revolution

Application Control Number:

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

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

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

Manufacturing Endorsement

Measure/Criterion

Criterion 1

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

Measure 1: Background of	20	-7
principals, board members, and	-	
owners:		/
<u> </u>		1

Measure 1, Financing plan:	20	17
Criterion 4.		
Measure 1, Ties to the local community:	20	2
Criterion 5.		
Measure 1, Research contributions:	10	
Total (add up all assigned scores)	100	20

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10	0
Measure 3. Quality control and quality assurance plan	10	1 2

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

Measure 1, Financing plan:	20	7
Criterion 4.		
Measure 1, Ties to the local community:	20	2
Criterion 5.		N-10-10-10-10-10-10-10-10-10-10-10-10-10-
Measure 1, Research contributions:	10	
Total (add up all assigned scores)	100	29

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: REVOLUTION N		
Application Control Number: 19-0144	Application Type (C	(V, D):
Measure/Criterion	<u>Total Possible</u> <u>Points</u>	Assigned Score
Criterion 7		
Measure 3: Minority-owned, women- owned or veteran-owned business certification	3	20

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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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.

Applicant Name: Revoca 110 N N	UJ LLC	
Application Control Number: 19014	Application Type: Ver	rtical
<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

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
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 <u> </u>	mpleted a full e scores



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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: Revolution, NJ, LLC

Application Control Number: 19-0144 Application Type: Vertical

Cultivation Endorsement

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

Criterion 1

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 principals, board members, and	20	14
owners:		,

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	8.
Total (add up all assigned scores)	100	86

Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	l a
Measure 2. Environmental impact plan	10	a
Measure 3. Quality control and quality assurance plan	10	9
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	14

19-0144

Criterion 3

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	86

Dispensing Endorsement

Measure/Criterion	Total Possible Points	<u>Assigned Score</u>
Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	8
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	14

19-0144

Criterion 3

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	8.
Total (add up all assigned scores)	100	85

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.



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Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

Applicant Name: Revolution NJ, LLC

Application Control Number: 19-0144 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	8
Measure 3. Quality control and quality assurance plan	10	8

Measure 1: Background of	20	_	
principals, board members, and		\Q	
owners:		10	

Measure 1, Financing plan:	20	ia
Criterion 4.		
Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	90

Manufacturing Endorsement

Measure/Criterion

Criterion 1

Measure 1: Security Plan	10	(0
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	7

Measure 1: Background of	20	_
principals, board members, and		18
owners:		v

Measure 1, Financing plan:	20	ાવ
Criterion 4.		
Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	89

Dispensing Endorsement

Total Possible Points

Assigned Score

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

Criterion 2

Measure/Criterion

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

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	١٩
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	89

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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1

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Reviewer Number:

Applicant Name:

REVOlUTION NJ, LCC

Application Control Number: 19-0144

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		
	20	26

Revolution, NJ LLC 19-0144

Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7	•		
Measure 1: Labor Peace Agreement			
Measure 2: Labor Compliance Plan	. 30	.30	
Labor Compliance Fian	20	20	
Dispensing Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7		•	
Measure 1: Labor Peace Agreement			
Measure 2: Labor Compliance Plan	30	-30	

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

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Reviewer Number:		
Applicant Name: Revolution US		
	plication Type (C	S,(V,)D):
	<u>Total</u>	
Measure/Criterion	<u>Possible</u> <u>Points</u>	<u>Assigned</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.		15

6.1.3: Methods to control insects that do not

for plant disease and other contamination.

6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee

6.1.4: Methods to prevent and minimize and test

include the application of pesticides.

safety in cultivation environments.

20

20

20

20

Measure 2: Manufacturing plan

6.2.1: 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	15
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	18
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	18

Measure 3: Dispensary plan

COA. Owner, Co.		
6.3.1: Overview of practices, policies and		
procedures for dispensing medical cannabis to		100
qualified patients.		16
	20	
6.3.2: Experience/education in the treatment of		
patients with qualifying health conditions.		11
	20	1 <i>l L</i>
6.3.3: Patient education and counseling methods.		â
	15	7
6.3.4: Employee education procedures for	10	
patient-facing staff members.		
patient-racing stair members,	15	
6.3.5: Plans to recruit and educate health care		<u> </u>
professionals regarding the dispensing of medical		
cannabis to qualified patients.		7
cannabis to qualified patients.		/ /
	15	V
6.3.6: Explanation of how the proposed		
dispensary location expands access to patients		
and caregivers.		1 1
	4.5	
	15	

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collected by DOH.	•	
Reviewer Number:		
Applicant Name: REVOLUTION A	I LLC	,
Application Control Number: 19-0(44	Application Type	(C,(V) D):
	<u>Total</u>	A m a l m m m
Measure/Criterion	<u>Possible</u> <u>Points</u>	<u>Assigned</u> <u>Score</u>
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedures		

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	8
6.1.3: Methods to control insects that do not include the application of pesticides.		
	20	16
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	16.
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	(2)

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	12
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	8
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	(3
6.2.5: Health and safety standards for lab employees.	20	14

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.	15	10
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	5
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	10	
	15	5

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