

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number: __/_

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: ETXIN NEW TELSEY, LLC

Application Control Number: <u>/9-0/52</u> Application Type (%, V)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	10	
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.			
	20	10	
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	160	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	15
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	15.
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	160

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	/2.
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	12
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	8
6.3.6: Explanation of how the proposed 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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Governor SHEILA Y. OLIVER Lt. Governor

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www.nj.gov/health

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

Applicant Name: ともない

Application Control Number:

Application Type: Vertical

19-0152

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

Measure 1: Background of	20	,	7
principals, board members, and		11	
owners:		1	
		\	- 1

Measure 1, Financing plan:	20	5
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 33	ì

Manufacturing Endorsement

Measure/Criterion Total Possible Points Assigned Score Criterion 1

Measure 1: Security Plan	10	- 16
Measure 2. Environmental impact plan	10	
Measure 3. Quality control and quality assurance plan	10	V

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

Measure 1, Financing plan:	20	5
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	22

Dispensing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	4
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	7

Measure 1: Background of	20	
principals, board members, and		11
owners:		l \

Measure 1, Financing plan:	20	5
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	36

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.



State of New Jersey

DEPARTMENT OF HEALTH PO BOX 360

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www.nj.gov/health

Governor
SHEILA Y. OLIVER
LI. Governor

PHILIP D. MURPHY

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.

Reviewer Number: 3		
Applicant Name: ETAIN NJ L		
Application Control Number: 9-0152	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	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.



PO BOX 360

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SHEILA Y. OLIVER Lt. Governor

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

> 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.

Reviewer Numbe			
Applicant Name:	ETAIN	NJ	LLC

Application Control Number: 19-0152 Application Type: Vertical

Cultivation Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	15
<u>Manufacturing</u>	<u>Endorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	15

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	15
By checking this box, I hereby certify review of the assigned measures in this a represent my work alone.	that I, Reviewer, co application and that these	mpleted a full e scores



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Assigned Score

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

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Reviewer Number: 5

Measure/Criterion

quality assurance plan

Applicant Name: Etain New Jersey, LLC

Application Control Number: 19-0152 Application Type: Vertical

Cultivation Endorsement

Total Possible Points

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

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

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	21

Manufacturing Endorsement

Total Possible Points Assigned Score

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

Criterion 2

Measure/Criterion

Measure 1: Background of	20	
principals, board members, and		(7)
owners:	,	J. J. 1

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

Dispensing Endorsement

Total Possible Points Assigned Score

Criterion 1		
Measure 1: Security Plan	10	<u> </u>
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	10

Criterion 2

Measure/Criterion

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

Measure 1, Financing plan:	20	20
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	97

☑ 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.



State of New Jersey

DEPARTMENT OF HEALTH

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

Governor SHEILA Y. OLIVER Lt. Governor

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www.nj.gov/health JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: (c

Applicant Name: Efair NJ LLC

Application Control Number: 19-0152 Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Criterion 1

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

Measure 1: Background of	20		
principals, board members, and		١ķ	
owners:		16	

Meas	sure 1, Financing plan:	20	19
		1	~ 1

Criterion 4.

Measure 1, Ties to the local	20	_
community:		LO

Criterion 5.

Measure 1, Research contributions:	10	Ŗ
		0

Total (add up all assigned scores)	100	91	
		1 1	

Manufacturing 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	q
Measure 3. Quality control and quality assurance plan	10	6

Measure 1: Background of	20	
principals, board members, and		180
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	
		8

Total (add up all assigned scores)	100	Go]
		7.0	

Dispensing Endorsement

Measure/Criterion

Criterion 1

Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	٩
Measure 3. Quality control and quality assurance plan	10	8

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

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

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 - Scorer 3-1</u>

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Reviewer Number: /		
Applicant Name: ETAIN N	J,LLC	
Application Control Number:	Application Type: \ \(\sum_{\text{tion}} \text{Endorsement} \)	/ertical
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	* · •	
Measure 1: Labor Peace Agreemer	nt	

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

Excellent later Compliance Plan.

ETAIN, LLC 19-0152

Manufacturing Endorsement

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

Dispensing Endorsement

Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
	,	•
•		
Criterion 7		

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

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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:	Etain	New	Jersey
		_	

Application Control Number: 19-0152 Application Type (C, \sqrt{V}) D):

<u>Total</u>	
<u>Possible</u>	<u>Assigned</u>
<u>Points</u>	<u>Score</u>
	<u>Possible</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	16
6.1.3: Methods to control insects that do not include the application of pesticides.	20	17
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.	20	19

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	19
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	.19
6.2.5: Health and safety standards for lab employees.	20	19

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	19 -
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	20
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	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	13

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Applicant Name: <u>ETAIN</u> NO			
Application Control Number: 19-015 Application Type (C, W 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	10	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20		
6.1.3: Methods to control insects that do not include the application of pesticides.	20	12	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	((
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	14	
	20		

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	3.0
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	15
6.2.4: Methods to prevent and test for contamination in extracted products.	20	16
6.2.5 : Health and safety standards for lab employees.	20	16

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.		
·	20	12
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.		171
6.2.2. Delient at all	20	_ ' 7
6.3.3: Patient education and counseling methods.		
	15	10
6.3.4: Employee education procedures for patient-facing staff members.		
6 2 Et Diana to recently and a land	15	
6.3.5 : Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
	15	10
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	9

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