

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

#### 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: TRULIEVE NAT.	INC.		
Application Control Number: 19-0157 Application Type (20) %:			
	<u>Total</u> <u>Possible</u>	<u>Assigned</u>	
<u>Measure/Criterion</u>	<u>Points</u>	<u>Score</u>	
Criterion 6			
Measure 1: Cultivation plan			
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	160	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	18	
<b>6.1.3</b> : Methods to control insects that do not include the application of pesticides.	20	15.	
<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	17.	

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	14
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	18
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
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	12
<b>6.2.5:</b> Health and safety standards for lab employees.	20	14

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14.
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	15
<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	8
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	೮
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	12.

<sup>☑</sup> 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 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:

Measure/Criterion

quality assurance plan

Applicant Name: Trulieve

**Application Control Number:** 

Application Type: Vertical

#### **Cultivation Endorsement**

Criterion 1		
Measure 1: Security Plan	10	
Measure 2. Environmental impact plan	10	1/1
Measure 3. Quality control and	10	+ 4

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

Measure 1, Financing plan:	20	1 17
	And the state of t	1 (6

### Criterion 4.

Measure 1, Ties to the local	20	C
community:		&

#### Criterion 5.

Measure 1, Research contributions:	10	
Total (add up all assigned scores)	100	51

#### **Manufacturing 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	5

Measure 1: Background of	20	
principals, board members, and		12
owners:		10
		· .

Measure 1, Financing plan:	20	16
Criterion 4.	•	
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	
Total (add up all assigned scores)	100	50

### **Dispensing Endorsement**

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	/
Measure 2. Environmental impact	10	d d
Measure 3. Quality control and quality assurance plan	10	7
Criterion 2		,
Measure 1: Background of principals, board members, and owners:	20	12

20	16
20	8
10	
. 100	54
	20

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

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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.

hard copies to be collected by DOH.		
Reviewer Number: 3		
Applicant Name: TRu Lieve	NJ INC	•
Application Control Number: 19-0157	Application Type (0	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		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.



# State of New Jersey

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

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER

Measure/Criterion

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**Assigned Score** 

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

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<b>Reviewer Numbe</b>			
Applicant Name:	TRULIEUE	NJ	INC

Application Control Number: 19-0157 Application Type: Vertical

#### **Cultivation Endorsement**

**Total Possible Points** 

Criterion 7		
Measure 4: Workforce and job-creation plan	20	18
<u>Manufacturing</u>	<u>Endorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation	20	18

### **Dispensary Endorsement**

<u>Measure/Criterion</u>	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, co application and that these	mpleted a full e scores



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Governor
SHEILA Y. OLIVER
LI. Governor

PHILIP D. MURPHY

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

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

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Reviewer Number: 5

Measure/Criterion

Applicant Name: Trulieve M Inc

Application Control Number: 19-0157 Application Type: Vertical

#### **Cultivation Endorsement**

Total Possible Points Assigned Score

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

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

Measure 1, Financing plan:	20	17
Criterion 4.		
Measure 1, Ties to the local community:	20	5
Criterion 5.	·	
Measure 1, Research contributions:	10	.9
Total (add up all assigned scores)	100	62

### **Manufacturing Endorsement**

#### Measure/Criterion

Total Possible Points Assigned Score

#### Criterion 1

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

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

## 19-0157

#### Criterion 3

Measure/Criterion

principals, board members, and owners:

Measure 1, Financing plan:	20	17-
Criterion 4.	· .	
Measure 1, Ties to the local community:	20	5
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	62

#### **Dispensing Endorsement**

10

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

Measure 1, Financing plan:	20	17
Criterion 4.		
Measure 1, Ties to the local community:	. 20	5
Criterion 5.	·	
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	59

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

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

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Reviewer Number: (a

Measure/Criterion

Applicant Name: Trulieve NJ, Inc

Application Control Number: 19-0157 Application Type: Vertical

#### **Cultivation Endorsement**

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

Measure 1: Background of	20	_
principals, board members, and		70
owners:		

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	۱۹
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	94

#### **Manufacturing Endorsement**

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

#### **Criterion 1**

Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	13

Measure 1: Background of	20	1 100 10
principals, board members, and		70
owners:		

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	(3)
Total (add up all assigned scores)	100	A.1

#### **Dispensing Endorsement**

#### Measure/Criterion

#### **Criterion 1**

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

Measure 1: Background of	20	·
principals, board members, and		70
owners:		

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	je
Total (add up all assigned scores)	100	94

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

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hard copies to be collected by DOH.	oresneets and upload to sr	narepoint. Retain	
Reviewer Number:			
Applicant Name: TRU/ieve /	WI Inc.		
Application Control Number: 9-0/57 Application Type: Vertical			
<u>Cultivation Endorsement</u>			
Measure/Criterion	Total Possible Points	Assigned Score	
Measure/Criterion  Criterion 7	Total Possible Points	Assigned Score	
	Total Possible Points	Assigned Score	
Criterion 7  Measure 1: Labor Peace Agreement	Total Possible Points	Assigned Score	
Criterion 7			

No specificator Compliance Men but references to compliance with law and specific benefits to be provides + Emphyse Handood

Truelieve NJ, INC 19-0157

ild Lildorsement	
Total Possible Points	Assigned Score
30	30
20	15
	Total Possible Points

<u>Dispensing Endorsement</u>		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		•
·	30	30
Measure 2: Labor Compliance Plan		

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

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Reviewer	Number:
	I TAILLY OI .

viewer Nulliber.

Applicant Name: Trulieve

Application Control Number: /9-0/5 Application Type (C/V)D)

Total
Possible
Measure/Criterion
Points

Possible Assigned Points 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	16
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	18
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.	20	15
<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	18

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	15
<b>6.2.2:</b> 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	15
6.2.4: Methods to prevent and test for contamination in extracted products.	20	12
<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	16
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	15
<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	10
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	12

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Reviewer Number:		
Applicant Name: TRULIEUE NJ		
Application Control Number: $19-0157$ Application Type (C, $\hat{\emptyset}$ D):		
	<u>Total</u> Possible	Assissed
Measure/Criterion	Points	<u>Assigned</u> <u>Score</u>
Criterion 6		
Measure 1: Cultivation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	(8
<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
<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.		1
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#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	14
6.2.2: 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	9
6.2.4: Methods to prevent and test for contamination in extracted products.	20	14
<b>6.2.5:</b> Health and safety standards for lab employees.	20	2

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
<b>6.3.2</b> : Experience/education in the treatment of patients with qualifying health conditions.	20	15
<b>6.3.3:</b> Patient education and counseling methods.	15	14
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	10
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	9
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	•	
	15	8

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