

## State of New Jersey

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.

pplicant Name: <u>VN-T - Ofs, Inc</u> pplication Control Number: <u>/9-0/60</u> App	lication Type (Ø	(V)p):
<u>Measure/Criterion</u>	<u>Total</u> <u>Possible</u> <u>Points</u>	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.	20	18
6.1.3: 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	16
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	14

### Measure 2: Manufacturing plan

Measure 2: Manufacturing plan		
<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	18
<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	17
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

Measure 3: Dispensary plan		
<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	18
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	16.
6.3.3: Patient education and counseling methods.	15	2
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	2
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	P
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	\$

☑ 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

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### Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer	Num	ber:

. . . .

Applicant Name:

owners:

la

**Application Control Number:** 

**Application Type: Vertical** 

19-6160

### <u>Cultivation Endorsement</u>

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

	Cliferion		- Fee
	Measure 1, Financing plan:	20	[18]
ļ			

### Criterion 4.

Clifetion 4		
Measure 1, Ties to the local	20	9 1
community:		

#### Criterion 5.

10	2
100	67

### Manufacturing Endorsement

# Measure/Criterion Total Possible Points Assigned Score Criterion 1

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

Olifolian =		
Measure 1: Background of principals, board members, and	20	9
owners:		

Official a		
Measure 1, Financing plan:	20	18

#### Criterion 4.

ĺ	Measure 1, Ties to the local	20	9	
	Medano			
i	community:			
		•		

### Criterion 5.

Chifetion 2.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	67

### **Dispensing Endorsement**

## Measure/Criterion Total Possible Points Assigned Score

### Criterion 1

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

Measure 1: Background of principals, board members, and	20	9
owners:		<u> </u>

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	9
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	67
By checking this box, I hereby certify the review of the assigned measures in this a	hat I, Reviewer <u>«</u> pplication and tha	, completed a full t these scores



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

## <u> Alternative Treatment Center Reviewer Scoresheet – Scorer 3-2</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.

scoring all the applications, scan the scores.  nard copies to be collected by DOH.		
Reviewer Number: 3	inc	•
Applicant Name: V NJ O/O Application Control Number:	Application Type (	c( <b>y</b> , d):
19-0160	<u>Total Possible</u> <u>Points</u>	Assigned Score
Measure/Criterion  Criterion 7		
Measure 3: Minority-owned, women- owned or veteran-owned business		The second secon
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.



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

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1.1	
Reviewer Number: 4 Applicant Name: VN U-	OPs INC
Applicant Name:	19-0160 Application Type

Application Control Number: 19-0160 Application Type: Vertical

Application Control Number	Cultivation E	ndorsement	Assigned Score
<u>Measure/Criterion</u>		Total Possible Points	<u> </u>
Criterion 7  Measure 4: Workforce and	l job-creation	20	19
plan		g Endorsement  Total Possible Points	Assigned Score
Criterion 7  Measure 4: Workforce a	nd job-creatio	n 2	0 19
plan			

### **Dispensary Endorsement**

Measure/Criterion	<u>Endorsement</u>	
Criterion 7	Total Possible Points	Assigned Score
Measure 4: Workforce and job-creation		
	20	9
☑ By checking this box, I hereby certify the review of the assigned measures in this appreciate my work alone.	hat I, Reviewer, con oplication and that these	ipleted a full scores



### State of New Jersey DEPARTMENT OF HEALTH

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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:

Applicant Name: VNJ -Ops, Inc

Application Control Number: | 9-0160 Application Type: Vertical

### **Cultivation Endorsement**

<u>Guaran</u>	1	- I I Coore
<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	7
Measure 2. Environmental impact	10	8
nlan	10	G
Measure 3. Quality control and quality assurance plan		
Criterion 2		
	20	
Measure 1: Background of principals, board members, and		15
owners:		

Citterion		
Measure 1, Financing plan:	20	20
	·	
	•	

#### Criterion 4.

	the lead	20	-15
M	easure 1, Ties to the local		20
C	ommunity:		
1			

#### Criterion 5.

Office ion o		
Measure 1, Research contributions:	10	10
Line Wassigned scores)	100	Ta I

ļ	Total (add up all assigned scores)	100	89

### **Manufacturing Endorsement**

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

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

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

Criterion 3		
Measure 1, Financing plan:	20	20

### Criterion 4.

Criterion 4.		
t the local	20	70
Measure 1, Ties to the local		
community:		

#### Criterion 5.

Criterion 5.  Measure 1, Research contributions:	10
Total (add up all assigned scores)	100 91

### **Dispensing Endorsement**

### Total Possible Points Assigned Score Measure/Criterion

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

Criterion 2		
Measure 1: Background of principals, board members, and	20	15
owners:		

20	20
20	- 35
	20
10	
,	10
100	
100	91
	· .

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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## <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: 🕼

Applicant Name: VNS - Ops, Inc

Application Control Number: \( (\-0160

**Application Type: Vertical** 

### **Cultivation Endorsement**

Assigned Score
10
10
6)
_

Criterion 2		
Measure 1: Background of	20	20
Measure 1: Background of principals, board members, and		
owners:		

Ciliation		
Measure 1, Financing plan:	20	20
	<b>.</b>	

#### Criterion 4.

Official		
Measure 1, Ties to the local	20	19
community:		

### Criterion 5.

Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	99

### Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
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#### Criterion 1

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

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

Criterion 3	
Measure 1, Financing plan:	20 73
Wieasure 1,1 man 5.	

### Criterion 4.

	Cutetion 4.			
	Measure 1, Ties to the local	20	19	l
١	Measure 1, Hes to the leasure 1		\	I
Ì	community:		<u>.                                      </u>	
	1			

### Criterion 5.

Criterion 5.  Measure 1, Research contributions:	10	(2)	
Total (add up all assigned scores)	100	99	

### Dispensing Endorsement

### Total Possible Points Assigned Score Measure/Criterion

### Criterion 1

an 10 [2	
40	
10	
ntrol and	5
ntal impact 10	

Criterion 2		
Measure 1: Background of	20	10
Measure 1: Background of principals, board members, and		
owners:		

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	99

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### State of New Jersey

### DEPARTMENT OF HEALTH

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

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resheets and upload to sha	repoint. Retain
	, ,
S, INC	
Analization Type' Ve	ertical
<u>Endorsement</u>	
Total Possible Points	Assigned Score
30	0
	Total Possible Points

Referred to Labor Peace agreement in Part A 25A - Unable to find the agreement in Part A or B.

VNJ OPS, FNC 19-0160

Manufacturing Endorsement

· ·		•
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		•
Measure 1: Labor Peace Agreement	30	0
Measure 2: Labor Compliance Plan	20	.15
<u>Dispensin</u>	g Endorsement	-
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	·	:
Measure 1: Labor Peace Agreement	30	0
Measure 2: Labor Compliance Plan	20	15
By checking this box, I hereby cert		completed a full

represent my work alone.

2



### State of New Jersey DEPARTMENT OF HEALTH

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

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Reviewer Number:

Applicant Name: UNT OPS - Viola

Application Control Number: 19-0160

Application Type (C, V, D):

Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		

### Measure 1: Cultivation plan

Measure 1: Cultivation plan		<b>/</b> 13
<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	20
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	20
<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	19
<b>6.2.2:</b> 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	20
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

<b>6.3.1:</b> 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	19
6.3.3: Patient education and counseling methods.	15	15
6.3.4: Employee education procedures for patient-facing staff members.	15	13
<b>6.3.5</b> : Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	Н
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	0

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### State of New Jersey **DEPARTMENT OF HEALTH**

PO BOX 360

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

### Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer Number:		
Applicant Name: UNJ-OPS	INC	
Application Control Number: 19-0160 App	olication Type (C	C,(V) D):
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	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	15
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	11
6.1.3: 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	15
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		1.77
·	20	14

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> 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	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	15
<b>6.2.5:</b> 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	10
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	5
<b>6.3.3:</b> Patient education and counseling methods.	15	4
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	0
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	5
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	0

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