

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

PHILIP D. MURPHY
Governor
www.nj.gov/health

Reviewer Number: __/___

SHEILA Y. OLIVER Lt. Governor 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: DAHLA, LLC				
Application Control Number: <u>/ タ- の/7ら</u> Application Type (ダ, <i>(</i> ア,カ):				
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	15		
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	15		
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 for plant disease and other contamination.	20	/3		
6.1.5 : Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.				
	20	/3		

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	/ 2
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	6
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	14
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	15
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	E
6.3.4: Employee education procedures for patient-facing staff members.	15	7.
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	B

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

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

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Keviewer Number:	0				
Applicant Name:	Dalal	A	((1

Application Control Number:

Application Type: Vertical

9-01-18

Cultivation Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

Measure 1: Security Plan	10	1 5
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	1 8

Measure 1: Background of	20	,
principals, board members, and		14
owners:		
		<u> </u>

Measure 1, Financing plan:	20	10
		10

Criterion 4.

Measure 1, Ties to the local	20	~
community:	1.7	8

Criterion 5.

Measure 1, Research contributions:	10	
, , , , , , , , , , , , , , , , , , , ,	10	
		ا ا

Total (add up all assigned scores)	100	51
		' '

Manufacturing Endorsement

Measure/Criterion

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

Criterion 1

Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	1 8

Measure 1: Background of principals, board members, and	20	14
owners:		

Measure 1, Financing plan:	20	10
Criterion 4.		
Measure 1, Ties to the local community:	20	8.
Criterion 5.	•	
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	51

Dispensing Endorsement

Measure/Criterion	Total Possible Points	<u>Assigned Score</u>
Criterion 1		
Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	8

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

Measure 1, Financing plan:	20	16
Criterion 4.		
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	51

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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LI. 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: DAHLa LL		/-
Application Control Number: 19-0178	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		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.

DEPARTMENT OF HEALTH

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER

Reviewer Number:

PO BOX 360 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.

Applicant Name: UAHLA CCC		
Application Control Number: 19-017	Application Type: Vei	tical
<u>Cultivation E</u>	<u>ndorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	17
Manufacturing	Endorsement	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	۱٦

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	(7
☐ 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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PHILIP D. MURPHY Governor SHEILA Y. OLIVER

Lt. Governor

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

Assigned Score

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

Measure/Criterion

Applicant Name: Dahla, LLC

Application Control Number: 19-0 178 Application Type: Vertical

Total Possible Points

Cultivation Endorsement

Criterion 1		
Measure 1: Security Plan	10	5
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	·	17
owners:		1 1

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	6
Total (add up all assigned scores)	100	

Manufacturing Endorsement

Criterion 1		
Measure 1: Security Plan	10	
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	7

Criterion 2

Measure/Criterion

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

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	. 20	17
Criterion 5.		·
Measure 1, Research contributions:	10	6
Total (add up all assigned scores)	100	

Dispensing Endorsement

Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	7.

Measure 1: Security Plan	70	-7
Measure 2. Environmental impact plan	10	6.
Measure 3. Quality control and quality assurance plan	10	7

Measure 1: Background of	20	
principals, board members, and		14 1
owners:		· 1

Measure 1, Financing plan:	20	19
Criterion 4.	•	
Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	4
Total (add up all assigned scores)	100	79

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

Assigned Score

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: 6

Measure/Criterion

Applicant Name: DAHLA, LLC

Application Control Number: 19-0178 Application Type: Vertical

Cultivation Endorsement

Total Possible Points

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

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

Measure 1, Financing plan:	20	
		18

Criterion 4.

Measure 1, Ties to the local	20	
community:		19

Criterion 5.

Measure 1, Research contributions:	10	8

Total (add up all assigned scores)	100	89
		- '

Manufacturing Endorsement

Measure/Criterion

Criterion 1

Measure 1: Security Plan	10	9
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		19
owners:		(0

Measure 1, Financing plan:	20	1.6
		8/

Criterion 4.

Measure 1, Ties to the local	20	
community:		19

Criterion 5.

Measure 1, Research contributions:	10	
		8

Total (add up all assigned scores)	100	
		90

Dispensing Endorsement

Measure/Criterion Total Possible Points Assigned Score

Criterion 1

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

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

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	[9
Criterion 5.		
Measure 1, Research contributions:	10	q
Total (add up all assigned scores)	100	11

By checking this box, I hereby certify that I, Reviewer 6, 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 3-1

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Reviewer Number:

Applicant Name: DAHLA, LCC

Application Control Number: 19-0178

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Measure 1: Labor Peace Agreement		٦ a
	30	50
Measure 2: Labor Compliance Plan		"] -
	20	L0

DA HLA CCC 19-0178

Manufacturing Endorsement

Total Possible Points	Assigned Score
	,
	-
30	30
20	2)

Dispensing Endorsement

Measure/Criterion		Total Possible Points		Assigned Score
Criterion 7	•		•	

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

By checking this box, I hereby certify that I, Reviewer 7, 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 2</u>

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Reviewer Number:		
Applicant Name: DAHLA		A
Application Control Number: 19-0178	Application Type (c,(v,)D):
	<u>Total</u>	Analous
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 procedul related to the cultivation of medical cannabis.	res 20	19
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijus	ina	12

related to the cultivation of medical cannabis.	20	19
6.1.2: 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
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	19
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	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	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	18

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	17
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	17
6.3.3: Patient education and counseling methods.	15	12
6.3.4: Employee education procedures for patient-facing staff members.	15	13
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	12
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	12

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Applicant Names OALLA LAC

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Applicant Name: Difficult		
Application Control Number: $(9-0)78$ Application Type (C, 0):		
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.	·	0
6.1.3: Methods to control insects that do not	20	Ø
include the application of pesticides.		•
6.1.4. Mathada ta provent and mining	20	((
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	12
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee		
safety in cultivation environments.	20	(a

Measure 2: Manufacturing plan

6.2.1: 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	(3
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	12
6.2.4: Methods to prevent and test for contamination in extracted products.	20	14
6.2.5: Health and safety standards for lab employees.	20	(4

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	16
6.3.3: Patient education and counseling methods.	15	10
6.3.4: Employee education procedures for patient-facing staff members.	15	.7
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	13
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		,
	15	(

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