

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

www.nj.gov/health

Governor SHEILA Y. OLIVER Lt. 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: SQUALED HOLDINGS, LLC			
Application Control Number: <u>/9- 0179</u> Application Type (Ø��; Ø):			
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	/7	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	14	
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	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	160
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	//0
6.2.4: Methods to prevent and test for contamination in extracted products.	20	15
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	//6
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	15.
6.3.3 : Patient education and counseling methods.	15	2
6.3.4: Employee education procedures for patient-facing staff members.	15	(p
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	4
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	10	
	15	0

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 Number:

Applicant Name: Squared Holdwigs

Application Control Number: 19-0179Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

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

Measure 1, Financing plan:	20	10
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	38

Manufacturing Endorsement

Measure/Criterion	Mea	sure/(Criteri	ĺΩn
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Criterion 1

Measure 1: Security Plan	10	/:
Measure 2. Environmental impact	10	(e)
Measure 3. Quality control and quality assurance plan	10	

Measure 1: Background of	20	0
principals, board members, and		.9
owners:		
		i •

Measure 1, Financing plan:	20	[0
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	20

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

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

	Measure 1: Background of principals, board members, and owners:	20	q	7.
E			l V	1

Measure 1, Financing plan:	20	10
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	39

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 applications, scan the schard copies to be collected by DOH.	cable to each application. Once you are done coresheets and upload to sharepoint. Retain
Reviewer Number: 3	
Applicant Name: SQUARED	Holdings LLC
Application Control Number: 19-017 9	Application Type (C, V) D):
Measure/Criterion	<u>Total Possible</u> <u>Points</u> <u>Assigned Score</u>
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.



PHILIP D. MURPHY Governor

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Lt. Governor

Reviewer Number:

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> 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: SQUARED HOLD	INGS LLC	
Application Control Number: 19 ~ 이 너 다		tical
Cultivation E	<u>Indorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	15
Manufacturing	Endorsement	
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	that I, Reviewer, co	mpleted a full		
review of the assigned measures in this application and that these scores				



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Acting Commissioner

Assigned Score

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: 5

Measure/Criterion

Applicant Name: Squared Holdings, LLC dba Medical Cannibus Cultivators

Total Possible Points

Application Control Number: 19-0179 Application Type: Vertical

Cultivation Endorsement

Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	(0)
Measure 3. Quality control and quality assurance plan	10	1. 9

Measure 1: Background of principals, board members, and	20	19
owners:		<i>' </i>

19-0179

Criterion 3

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	86

Manufacturing Endorsement

Total Possible Points Assigned Score

Criterion 1		
Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and	10	9

Criterion 2

Measure/Criterion

Measure 1: Background of	20	
principals, board members, and		19
owners:	•	/ /

Measure 1, Financing plan:	20	20
Criterion 4.	,	
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	86

Dispensing Endorsement

Measure/Criterion Total Possible Points Assigned Score Criterion 1

Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	9

Measure 1: Background of	20	-
principals, board members, and		19
owners:		

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	86

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: Squared Holdings LLe

Application Control Number: 19-0179

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	7
Measure 3. Quality control and quality assurance plan	10	٩

Measure 1: Background of	20	
principals, board members, and		Zo
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	9
Total (add up all assigned scores)	100	15

Manufacturing Endorsement

Measure/Criterion

Criterion 1

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

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

Measure 1, Financing plan:	20	
		19

Criterion 4.

Measure 1, Ties to the local	20	
community:		11

Criterion 5.

Measure 1, Research contributions:	10	
		7

Total (add up all assigned scores)	100	
		15

Dispensing Endorsement

Measure/Criterion

Criterion 1

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

Measure 1: Background of	20	
principals, board members, and		7.4
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	9
Total (add up all assigned scores)	100	96

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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1

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nard copies to be collected by DOH.			
Reviewer Number: 7			
Applicant Name: Squared Hold	dings, LC		
Application Control Number: 19-017	Application Type: V	ertical	
Cultivation Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 1: Labor Peace Agreement			
	30	30	
Measure 2: Labor Compliance Plan		C	
	20	8	

Compliance flow short on specific but does mention committeent to compliance with NTS later laws. Squared Holdings, LLC

Manufacturing Endorsement 19-0179

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		0
	20	8
'		
<u>Dispensin</u> <u>Measure/Criterion</u>	g Endorsement Total Possible Points	Assigned Score
		Assigned Score
Measure/Criterion		Assigned Score
Measure/Criterion Criterion 7		Assigned Score
Measure/Criterion Criterion 7	Total Possible Points	Assigned Score
Measure/Criterion Criterion 7 Measure 1: Labor Peace Agreement	Total Possible Points	Assigned Sco

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

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Reviewer Number:	
Applicant Name: Squared Holdings	
Application Control Number: 19-0179	Application Type (C, V, D):
Measure/Criterion	Total Possible Assigned Points Score

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	14
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	12
6.1.3: Methods to control insects that do not include the application of pesticides.	20	14
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	14
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	16

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	14
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	14

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	9
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	7
6.3.4: Employee education procedures for patient-facing staff members.	15	8
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	6
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	0

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Reviewer Number:		
Applicant Name: SQUARED HOLD	1,045	
Application Control Number: 19-0179 App	olication Type (C,(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	16
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	10
6.1.3: Methods to control insects that do not include the application of pesticides.	20	13
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	14
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	15

20

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	12
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
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	15

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.		
	20	(7
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	11
6.3.4: Employee education procedures for		
patient-facing staff members.	15	9
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	

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