

## State of New Jersey DEPARTMENT OF HEALTH PO BOX 360 TRENTON, N.J. 08625-0360

www.nj.gov/health

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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.

Reviewer Number:		
Applicant Name: AP N-T HEALTH	, LLC	
Application Control Number: <u>/タ- 0/8</u> の App	olication Type 🥬	Z(X), Ø):
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		<del></del> -
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	17
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	/5
6.1.3: Methods to control insects that do not include the application of pesticides.	20	13
<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	17
,	20	L ' /

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	/5
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	/2-
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	14:
6.2.5: 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	/lö
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	/3
<b>6.3.3:</b> Patient education and counseling methods.	15	12
6.3.4: Employee education procedures for patient-facing staff members.	15	11.
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	¥.
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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Acting Commissioner

## Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer	Number:	

Applicant Name:

APNJ Health

**Application Control Number:** 

**Application Type: Vertical** 

19-0180

#### **Cultivation Endorsement**

<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	6

	Measure 1: Background of principals, board members, and	, 20	12	
	billiotherie!		, , ,	
1	owners:			

Measure 1, Financing plan:	20	jo
Criterion 4.		
Measure 1, Ties to the local community:	20	
Criterion 5.		
Measure 1, Research contributions:	10	3
Total (add up all assigned scores)	100	71

#### **Manufacturing Endorsement**

Total Possible Points

**Assigned Score** 

# Measure 1: Security Plan 10 0 Measure 2. Environmental impact 10

## plan Measure 3. Quality control and quality assurance plan

#### Criterion 2

Measure/Criterion

Measure 1: Background of	20	_
principals, board members, and		12
owners:		

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	[ [ ]
Criterion 5.		
Measure 1, Research contributions:	10	3
Total (add up all assigned scores)	100	71

#### **Dispensing Endorsement**

#### Measure/Criterion

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

#### Criterion 1

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

Measure 1: Background of	20	
principals, board members, and		12
owners:		14

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	((
Criterion 5.		
Measure 1, Research contributions:	10	3
Total (add up all assigned scores)	100	71

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 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: AP NJ f  Application Control Number:  19-0180  Measure/Criterion  Criterion 7	Health LLC  Application Type (C, V  Total Possible  Points	D): Assigned Score
Measure 3: Minority-owned, women- owned or veteran-owned business certification	30	15
	······································	

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>

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: AP NJ HEAL		
Application Control Number:	Application Type: Ver	tical
Cultivation	<u>Endorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation	n 20	16
Manufactur	ing Endorsement	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation	on 20	16

### **Dispensary Endorsement**

<u>Measure/Criterion</u>	<b>Total Possible Points</b>	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	16
By checking this box, I hereby certify review of the assigned measures in this a represent my work alone.		npleted a full



## 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: 5

Measure 1: Background of

owners:

principals, board members, and

Applicant Name: AP NJ Health, LLC

Application Control Number: 19-0180 Application Type: Vertical

#### **Cultivation Endorsement**

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

VIII.		
Measure 1, Financing plan:	20	20

#### Criterion 4.

	Olivoiron -		
ł	4 Ties to the local	20	19
1	Measure 1, Ties to the local		1 1
	community:		

#### Criterion 5.

10	9
100	
100	84
	100

### Manufacturing Endorsement

Measure/Criterion		Total Possible Points	Assigned Score
Criterion 1	•		

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

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

20	20
20	19
40	
10	9
100	
100	85

## **Dispensing Endorsement**

<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	9
Measure 2. Environmental impact	10	9
plan Measure 3. Quality control and	10	8
quality assurance plan		

Measure 1: Background of principals, board members, and	20	10
owners:		<u></u>

Offication 2		
Measure 1, Financing plan:	20	20
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	84

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>

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Reviewer Number: 6

Applicant Name: AP NJ Health LLC

Application Control Number: 🐧 - o t 🖁 o

**Application Type: Vertical** 

Total Possible Points Assigned Score

#### **Cultivation Endorsement**

<u>Measure/Criterion</u>	Total Possible Points	Assigned Octob
Criterion 1		
Measure 1: Security Plan	10	8
Measure 2. Environmental impact	10	9
plan Measure 3. Quality control and quality assurance plan	10	<b>I</b>

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

Measure 1, Financing plan:	20	20

#### Criterion 4.

Measure 1, Ties to the local	20	7.0
community:		

#### Criterion 5.

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

ļ	Total (add up all assigned scores)	100	94	
				i

### Manufacturing Endorsement

## Measure/Criterion Total Possible Points Assigned Score

#### Criterion 1

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

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

Oliveries.		
Measure 1, Financing plan:	20	20

#### Criterion 4

¥ • • • • • • • • • • • • • • • • • • •			
Measure 1, Ties to the local	20	10	
Measure 1, Hes to the leasure	1		
community:			

#### Criterion 5.

Measure 1, Research contributions:	10	(0
Total (add up all assigned scores)	100	95
Total (add up an doos		

### **Dispensing Endorsement**

## Measure/Criterion Total Possible Points Assigned Score

#### Criterion 1

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

	# * · · ·		
١	Measure 1: Background of principals, board members, and	20	20
	owners:		

Measure 1, Financing plan:	20	20
Criterion 4.	·	
	20	
Measure 1, Ties to the local community:		w
Criterion 5.		
A Becarch contributions:	10	
Measure 1, Research contributions:		[3
Total (add up all assigned scores)	100	95



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

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Reviewer Number: 7

Applicant Name: APNJ HEALTH, LLC

Application Control Number: 19-0/80

**Application Type: Vertical** 

**Cultivation Endorsement** 

Measure/Criterion

Total Possible Points Assigned Score

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

APNJ Health, LCC 19-0180 Manufacturing Endorsement

<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		57
	30	30
Measure 2: Labor Compliance Plan	20	20
	•	
	<u>Endorsement</u>	Assistanced Rooms
Dispensing  Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
		Assigned Score
Measure/Criterion		
Measure/Criterion  Criterion 7		Assigned Score
Measure/Criterion  Criterion 7	Total Possible Points	

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

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Reviewer Number:	
AD Health	$\circ$
Applicant Name: 71 110011110011100110011001100110011001	Application Type (C, V, D):
	<b></b> . 4=1

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

#### Criterion 6

Measure 1: Cultivation plan

Measure 1: Cultivation plan	<del> </del>	
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	17
<b>6.1.2:</b> 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	16
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	19
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	15

Measure 2: Manufacturing plan

20	17
20	16
20	16
20	17
20	17
	20 20 20

#### Measure 3: Dispensary plan

Miedanie a. Diaponadi y Pieni		
<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	12
6.3.3: Patient education and counseling methods.	15	10
6.3.4: Employee education procedures for patient-facing staff members.	15	
<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	13

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Reviewer Number:			
Applicant Name: <u>AP NJ HEAM</u>	Н		
Application Control Number: 19-0180 Application Type (C, <b>(()</b> , <b>D</b> ):			
Measure/Criterion	Total Possible 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	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	(8	
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	(7	
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	(7	

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.		
products.	20	17
<b>6.2.2:</b> 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	16
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	16
<b>6.2.5:</b> Health and safety standards for lab employees.	20	(7

#### 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	19
6.3.3: Patient education and counseling methods.	15	14
<b>6.3.4:</b> 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	15
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	14

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