

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

PHILIP D. MURPHY
Governor

Reviewer Number: __/

SHEILA Y. OLIVER LI, Governor www.nj.gov/health

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: <u>CLESCO LABS HOPE, LIC</u>

Application Control Number: / 7 - 0/8/ 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	18
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	16
6.1.3: Methods to control insects that do not include the application of pesticides.	20	/7
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	/7
6.1.5 : Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	18

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	16
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	160
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	17

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	14
6.3.3: Patient education and counseling methods.	15	4
6.3.4: Employee education procedures for patient-facing staff members.	15	4
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.		4 -
	15	12

By checking this box, I hereby certify that I, Reviewer	, completed a full
review of the assigned measures in this application and tha	t these scores
represent my work alone.	



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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:		,
Applicant Name: Cres Co	(abs	Hope
Application Control Number:	Application	n Type: Vertical

Cultivation Endorsement

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

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

owners:	Measure 1: Background of principals, board members, and owners:	20	5
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Measure 1, Financing plan:	20	19
		• • •

Criterion 4.

Measure 1, Ties to the local	20	
community:		12

Criterion 5.

Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	49

Manufacturing Endorsement

Measure/Criterion

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

Criterion 1

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

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

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	13
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	49

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score

Criterion 1

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

Measure 1: Background of	20	
principals, board members, and		4
owners:		

Measure 1, Financing plan:	20	19
Criterion 4.		,
Measure 1, Ties to the local community:	20	13
Criterion 5.	-	
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	48

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 SHEILA Y, OLIVER Lt. Governor

PHILIP D. MURPHY

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.

hard copies to be collected by DOH.	•		
Reviewer Number: 3			
Applicant Name: CRESCO L	abs Hc	pe 11	<i>C</i>
Application Control Number: 19-0187	Applicat	tion Type (C,	V) D):
Measure/Criterion	<u>Total P</u> <u>Points</u>	<u>ossible</u>	Assigned Score
Criterion 7		••	· · · · · · · · · · · · · · · · · · ·
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30	
	ſ	:30	•

PHILIP D. MURPHY
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SHEILA Y. OLIVER Lt. Governor

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.

	- 11.0- 110	÷			
Applicant Name: CRESCO LABS					
Application Control Number: 19-618	Application Type: Ver	tical			
<u>Cultivation E</u>	<u>Indorsement</u>				
Measure/Criterion	Total Possible Points	Assigned Score			
Criterion 7					
Measure 4: Workforce and job-creation plan	20	17			
Manufacturing	Manufacturing Endorsement				
Measure/Criterion	Total Possible Points	<u>Assigned Score</u>			
Criterion 7					
Measure 4: Workforce and job-creation plan	20	17			

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	17
☑ By checking this box, I hereby certify review of the assigned measures in this represent my work alone		



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

Assigned Score

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

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Reviewer Number:

Measure/Criterion

quality assurance plan

Applicant Name: Cresco Labs Hope, LLC

Application Control Number: 19-0187 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	10	Q,

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

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	19.
Criterion 5.		
Measure 1, Research contributions:	10	6/
Total (add up all assigned scores)	100	93

Manufacturing Endorsement

Total Possible Points Assigned Score

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

Measure/Criterion

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

Measure/Criterion

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	94

Dispensing Endorsement

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

20

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	93

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DEPARTMENT OF HEALTH

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Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: (

Applicant Name: Cresco Labs Hope LLC

Application Control Number: 19-0187 Application Type: Vertical

Cultivation 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	9

Measure 1: Background of	20	,
principals, board members, and		75
owners:		

Measure 1, Financing plan:	20	
		19

Criterion 4.

Measure 1, Ties to the local	20	
community:		10

Criterion 5.

	Measure 1, Research contributions:	10	9	
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Total (add up all assigned scores)	100	94	
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Manufacturing Endorsement

Measure/Criterion

Criterion 1

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

Measure 1: Background of	20	25
principals, board members, and		$ \hspace{.05cm} \omega \hspace{.05cm} $
owners:		

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	70
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	95

Dispensing Endorsement

Measure/Criterion

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

Criterion 1

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

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	20
Criterion 5.		
Measure 1, Research contributions:	10] 0
Total (add up all assigned scores)	100	96

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

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Reviewer Number: /		•
Applicant Name: Cresco LAbs	Hope, LLC	
Applicant Name: Cresco Labs Hope, LLC Application Control Number: 19-0187 Application Type: Vertical		
<u>Cultivatio</u>	n Endorsement	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		,
Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan	20	20

Cresco Labs Hope, LLC Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		•
Measure 1: Labor Peace Agreement		
Magazira 2: Lahar Carrellana Bi	30	30
Measure 2: Labor Compliance Plan	20	20

Dispensing Endorsement

		-
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	· .	· ·
Measure 1: Labor Peace Agreement	,	
	30	30
Measure 2: Labor Compliance Plan	,	~~
-	20	40

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Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer Nu	mber: 🖇
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Applicant Name: Cresco Labs

Application Control Number: /9-0187 Application Type (C/V) D

TotalPossibleAssignedMeasure/CriterionPointsScore

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	20
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	20
6.1.3: Methods to control insects that do not include the application of pesticides.	20	19
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	20
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	17
6.2.5: Health and safety standards for lab employees.	20	19

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	13
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	5
6.3.4: Employee education procedures for patient-facing staff members.	15	6
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	5
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	15

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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

Applicant Name: <u>CQESPO</u> LABS

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

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

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Application Control Number: $\frac{(G-O(87) - 200)}{(G-O(87) - 200)}$ Application Type (C, (V) D):			
Measure/Criterion Criterion 6	Total Possible Points	Assigned Score	
Measure 1: Cultivation plan			
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	(3	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	()	
6.1.3: Methods to control insects that do not include the application of pesticides.	20		
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	10	
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	(3
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	14
6.2.4: Methods to prevent and test for contamination in extracted products.	20	(2
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	14
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	9
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	(0
6.3.6 : Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	9

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