

PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER LI. Governor

Reviewer Number: \_\_/

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: OTANDARD WELLNESS COMPANY NAT LCC		
Application Control Number: <u>/ターク/ピタ</u> Application Type (ダ,タ, 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	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	17
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.	20	17
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	/2
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		

### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	17
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	160
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	/5
6.2.4: 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	15·

### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	00	(pug)
	20	17
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	00	
	20	10
<b>6.3.3:</b> Patient education and counseling methods.	·	
	15	12
6.3.4: Employee education procedures for		
patient-facing staff members.	15	12
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
anniano to quamou pationio.	15	12
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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### Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:	
Applicant Name: Handava	Wellness
Application Control Number:	Application Type: Vertical
19-01.	89

**Cultivation Endorsement** 

Measure/Criterion

Total Possible Points Assigned Score

#### Criterion 1

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

Measure 1: Background of	20	4
principals, board members, and		12 1
owners:		(0)

20	10
20	
10	. 2
100	52
	10

### Manufacturing Endorsement

### Measure/Criterion

Total Possible Points

ssigned Score

### Criterion 1

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

Measure 1: Background of	20 .	
principals, board members, and		17
owners:		
		1

Measure 1, Financing plan:	20	10
Criterion 4.		
Measure 1, Ties to the local community:	20	
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	52

### **Dispensing Endorsement**

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	3
Measure 2. Environmental impact plan	10	
Measure 3. Quality control and quality assurance plan	10	
Criterion 2		<del>*************************************</del>
Measure 1: Background of principals, board members, and owners:	20	12

Measure 1, Financing plan:	20	10
Criterion 4.		,
Measure 1, Ties to the local community:	20	1(
Criterion 5.	·	
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	50

By checking this box, I hereby certify that I, Reviewer 2, 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.

i Doin			•	•	
Reviewer Number: 3					
Applicant Name: STANdard	wellness C	D·	NJ	46	and a
Application Control Number: 19-0189	Application Typ	e (C(V	) <sub>D):</sub>		
Measure/Criterion	<u>Total Possible</u> <u>Points</u>	•	Assig	ned Sc	ore
Criterion 7		٠.		,	
Measure 3: Minority-owned, women- owned or veteran-owned business 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.

PHILIP D. MURPHY Governor SHEILA Y. OLIVER

Lt. Governor

Reviewer Number: 니

TRENTON, N.J. 08625-0360 www.nj.gov/health

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

### Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3

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.

	4 1 7	•	
Applicant Name: STANDARD WELLA	uess Co NJ	ll C	
Application Control Number:	Application Type: Ver	rtical	
<u>Cultivation E</u>	<u>Endorsement</u>		
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	19	
Manufacturing Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7	,		
Measure 4: Workforce and job-creation plan	20	19	
L			

### **Dispensary Endorsement**

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	19
☑ By checking this box, I hereby certify review of the assigned measures in this a represent my work alone.	that I, Reviewer, cor application and that these	npleted a full scores



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**Assigned Score** 

### <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/Criterion

Criterion 1

Applicant Name: Standard Wellness Company, LLC

Total Possible Points

Application Control Number: 19 -0189 Application Type: Vertical

### **Cultivation Endorsement**

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		10
owners:		10

Measure 1, Financing plan:	20	20
Criterion 4.	·	
Measure 1, Ties to the local community:	20	<i>j9</i>
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	

### **Manufacturing Endorsement**

# Criterion 1 Measure 1: Security Plan 10

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

### Criterion 2

Measure/Criterion

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

### 19-0189

### **Criterion 3**

Measure 1, Financing plan:	20	20
Criterion 4.		

Measure 1, Ties to the local	20	
community:		19

### Criterion 5.

Measure 1, Research contributions:	10	
		10

Total (add up all assigned scores)	100	0
		95

### **Dispensing Endorsement**

### <u>Measure/Criterion</u> <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		10
owners:		/ 7
		·

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	95

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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SHEILA Y. OLIVER Lt. Governor JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

### 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:

Applicant Name: Standard Wellness CO NT LLC

Application Control Number:  $\sqrt{\gamma}$   $\sim$   $\sqrt{\epsilon}$   $\sqrt{\epsilon}$  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	10
Measure 3. Quality control and quality assurance plan	10	10

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

Measure 1, Financing plan:	20	
-		20

### Criterion 4.

Measure 1, Ties to the local	20	_
community:		10

### Criterion 5.

Measure 1, Research contributions:	10	
		10

Total (add up all assigned scores)	100	
		100

### **Manufacturing Endorsement**

### Measure/Criterion Total Possible Points Assigned Score

### **Criterion 1**

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

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

Measure 1, Financing plan:	20	20

### Criterion 4.

Measure 1, Ties to the local	20	
community:	_	70

### Criterion 5.

Measure 1, Research contributions:	10	
		(2)

Total (add up all assigned scores)	100	99	
		i '	<b>\</b>

### **Dispensing Endorsement**

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

### **Criterion 1**

Measure 1: Security Plan	10	15
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	10

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

20	10
20	20
10	10
100	100
	20

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

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scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.			
Reviewer Number:			
Applicant Name: Standard 1	Vellness Co., NJ	ninippe -	
Application Control Number: 0/89 Application Type: Vertical			
Cultivation Endorsement			
Measure/Criterion Total Possible Points Assigned Score			
Criterion 7			
Measure 1: Labor Peace Agreement		7	
	30	<u>50</u>	
Measure 2: Labor Compliance Plan	20	15	

Plan refers to Compliance & laws but no details in Plan other than references and persons deducated to unever compensation STANDAND WELLASS Co., NJ 19-0189 Manufacturing Endorsement

8.5	
Measure	/Criterion

Total Possible Points Assigned Score

#### Criterion 7

Measure 1: Labor Peace Agreement		
	30	: 3 <sub>0</sub>
Measure 2: Labor Compliance Plan		. , , , , , , , , , , , , , , , , , , ,
	20	1.5

### **Dispensing Endorsement**

Measure/Criterion

Total Possible Points

**Assigned Score** 

### Criterion 7

Measure 1: Labor Peace Agreement		
	30	38
Measure 2: Labor Compliance Plan		
	20	1.5

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### 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.

Reviewer	Number:

Applicant Name: Standard Wellness

Application Control Number:  $\sqrt{q} - 0(\sqrt{q})$  Application Type (C, $\sqrt{v}$ D):

TotalPossibleAssignedMeasure/CriterionPointsScore

#### Criterion 6

Measure 1: Cultivation plan

Horograp II additional brain		
<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	17
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	17
<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	20
<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
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	20
<b>6.2.5:</b> 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
<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	15
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	15
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	15

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collected by DOH.		
Reviewer Number:		
Applicant Name: STANDARD WELLN	655 Co.	NJ
Application Control Number: <u>19-0(89</u> App	olication Type (	C,(V), D):
Measure/Criterion	<u>Total</u> <u>Possible</u> Points	Assigned Score
Criterion 6	101110	<u> </u>
Measure 1: Cultivation plan		
<b>6.1.1:</b> 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		

	16
20	(6
20	16
20	13
20	15
	20

### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	19
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	20
6.2.4: Methods to prevent and test for contamination in extracted products.	20	18
<b>6.2.5:</b> Health and safety standards for lab employees.	20	17

### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	(6
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	18
<b>6.3.3:</b> Patient education and counseling methods.	15	15
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	14
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	13
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	15

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