

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

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: RELIMNCE WED GIMES (RELEVANT 11

Application Control Number: <u>/9- 0/90</u> Application Type (20):			
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	14	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	੪	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	10	
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	15	

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	15
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	ψ,
6.2.4: Methods to prevent and test for contamination in extracted products.	20	દ
6.2.5: Health and safety standards for lab employees.	20	.7

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	12
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	& .
6.3.3: Patient education and counseling methods.	15	8 .
6.3.4: Employee education procedures for patient-facing staff members.	15	E
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	.9
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	7

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.



State of New Jersey

DEPARTMENT OF HEALTH

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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

> 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: 2

Applicant Name: Peliane

Application Control Number:

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 1

Measure 1: Security Plan	10	<u>-</u> 4
Measure 2. Environmental impact plan	10	
Measure 3. Quality control and quality assurance plan	10	1

Measure 1: Background of	20	
principals, board members, and owners:		17
	<u> </u>	1 / [

Measure 1, Financing plan:	20	5
Criterion 4.	,	
Measure 1, Ties to the local community:	. 20	7
Criterion 5.		
Massura 1 Research contributions:	10	1

		\	1
	•	:	
Total (add up all assigned scores)	100		
-		1 41	l

Manufacturing Endorsement

Measure/Criterion Total Possible Points Assigned Score

Criterion 1

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

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

Measure 1, Financing plan:	20	5
Criterion 4.	·	·
Measure 1, Ties to the local community:	20	7
Criterion 5.	,	
Measure 1, Research contributions:	10	

Dispensing Endorsement

Measure/Criterion

Total (add up all assigned scores)

Total Possible Points Assigned Score

100

Criterion 1

Measure 1: Security Plan	10	1
Measure 2. Environmental impact plan	10	
Measure 3. Quality control and quality assurance plan	10	13

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

Measure 1, Financing plan:	20	5
Criterion 4.		
Measure 1, Ties to the local community:	. 20	
Criterion 5.		
Measure 1, Research contributions:	10	1
Total (add up all assigned scores)	. 100	40

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.



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

Governor
SHEILA Y. OLIVER
Lt. Governor

PHILIP D. MURPHY

www.nj.gov/health

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

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: Reliance Medi		
Application Control Number: 19-0190	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	30	30

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.

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

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

Reviewer Number:

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.

(<i>A</i> :	,	
Applicant Name: RELIANCE MEDIC	AL GROUP LL	C	
Application Control Number: 19-0190 Application Type: Vertical			
Cultivation E	<u>Endorsement</u>		
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	12	
Manufacturing Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	12	
	<u> </u>		

Dispensary Endorsement

<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	12
7 By abadina this have the same	1	
D By checking this box, I hereby certify review of the assigned measures in this represent my work slope.	that I, Reviewer, cor application and that these	mpleted a full e scores



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

www.nj.gov/health

Governor SHEILA Y. OLIVER Lt. Governor

PHILIP D. MURPHY.

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: 5

Measure/Criterion

Criterion 1

Applicant Name: Relevant II, LLC AKA Reliance Med Group

Application Control Number: 19-0190 Application Type: Vertical

Cultivation Endorsement

Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	5

Measure 1: Background of principals, board members, and	20	18
owners:		, ,

19-0190

Criterion 3

Measure 1, Financing plan:	20	18
Criterion 4.	,	
Measure 1, Ties to the local community:	20	15
Criterion 5.		
Measure 1, Research contributions:	10	5
Total (add up all assigned scores)	100	74

Manufacturing Endorsement

Criterion 1		
Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	5

Criterion 2

Measure/Criterion

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

Measure 1, Financing plan:	20	18

Criterion 4.

Measure 1, Ties to the local	20	_
community:		15

Criterion 5.

Measure 1, Research contributions:	10	5
		<i>J</i>

Total (add up all assigned scores)	100	
		74

Dispensing Endorsement

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

Criterion 1

Measure 1: Security Plan	10	6
Measure 2. Environmental impact plan	10	2
Measure 3. Quality control and quality assurance plan	. 10	4

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

19-0190

Criterion 3

Measure 1, Financing plan:	20	18
Criterion 4.		
Measure 1, Ties to the local community:	20	15
Criterion 5.	·	
Measure 1, Research contributions:	. 10	5
Total (add up all assigned scores)	100	68

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.



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

www.nj.gov/health

Governor Sheila Y. Oliver Lt. Governor

PHILIP D. MURPHY

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: Reliance Medical Group LLC

Application Control Number: $\sqrt{c_1 c_1 c_2}$ Application Type: Vertical

Cultivation Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

Measure 1: Security Plan	10	(0
Measure 2. Environmental impact plan	10	10
Measure 3. Quality control and quality assurance plan	10	8

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

Measure 1, Financing plan:	20	け

Criterion 4.

Measure 1, Ties to the local	20	
community:		18

Criterion 5.

Measure 1, Research contributions:	10	6	
Total (add up all assigned scores)	100		

Total (add up all assigned scores)	1 1 1 1 1 1 1 1 1 1
------------------------------------	---------------------------------------

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	<u>p</u>

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

Measure 1, Financing plan:	20	17	
Criterion 4.			
Measure 1, Ties to the local community:	20	18	

Criterion 5.

		10	Measure 1, Research contributions:
9	6		
9			

Total (add up all assigned scores)	100	
	·	87

Dispensing Endorsement

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

Criterion 1

Measure 1: Security Plan	10	(0
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	8

Measure 1: Background of	20	.34
principals, board members, and		1 "\
owners:		. \

Measure 1, Financing plan:	20	17
Criterion 4.		
Measure 1, Ties to the local community:	20	81
Criterion 5.		
Measure 1, Research contributions:	10	6
Total (add up all assigned scores)	100	87

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.



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

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER

Measure/Criterion

Criterion 7

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

Assigned Score

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1</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	· 7		
Applicant Name:	Reliance	Medical	GIOUP, LLC
Application Contr	ol Number: /9	Alea Appl	ication Type: Vertical

Cultivation Endorsement

Total Possible Points

Measure 1: Labor Peace Agreement		
	30	0
Measure 2: Labor Compliance Plan		, ,
	20	4

Reliance Medical Group, LCC

Manufacturing Endorsement

19-0190

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 1: Labor Peace Agreement		
·	30	0
Measure 2: Labor Compliance Plan		/ /
	20	14

Dispensing Endorsement

Magguro	/Criterion
weasure	/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 1: Labor Peace Agreement		_
·	30	0
Measure 2: Labor Compliance Plan		
	20	4

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.



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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. 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.

Reviewer Number: 8

Applicant Name: Reliance Med

Application Control Number: / 9 - 0 190 Application Type (C, V, D):

TotalPossibleAssignedMeasure/CriterionPointsScore

Criterion 6

Measure 1: Cultivation plan

modelio il bulli dilli più i		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	13
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.	20	10
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	13
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	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	18
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.		10
	20	ιO
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	11
6.3.3 : Patient education and counseling methods.	15	5
6.3.4: Employee education procedures for patient-facing staff members.	15	10
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	6

By checking this box, I hereby certify that I, Reviewer 8, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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

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

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

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.

Applicant Name: RELIANCE ME	o. Gro	up
Application Control Number: 19-0190 Application Type (C, Q, D):		
	<u>Total</u> Possible	Assigned
Measure/Criterion	Points	Score Score
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	12
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.		
	20	(0)
6.1.3: Methods to control insects that do not include the application of pesticides.		
	20	(3
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	. S
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
saisty in cultivation environments.	20	15

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	()
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	. (0
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	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	13
6.2.5 : Health and safety standards for lab employees.	20	10

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.		
220 5	20	((
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	l 2
6.3.3: Patient education and counseling methods.	15	12
6.3.4: Employee education procedures for patient-facing staff members.	15	(0
6.3.5: 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	
	15	9

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.