

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. 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: EAST DRANGE HEALTH, LLC

Application Control Number: <u>/9- 0/9/</u> Application Type (& 🕠)):			
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	<u>Assigned</u> <u>Score</u>	
Criterion 6			
Measure 1: Cultivation plan			
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	/5	
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	8	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	12	
6.1.5 : Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20	12	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	12.
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	/
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	/2
6.2.4: Methods to prevent and test for contamination in extracted products.	20	/3
6.2.5 : Health and safety standards for lab employees.	,	//

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	7.
6.3.3: Patient education and counseling methods.	15	G
6.3.4: Employee education procedures for patient-facing staff members.	15	2
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	/

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 PO BOX 360

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Ravi	ewer	Mum	hom
TEV.	ewer	MIIIM	nor.

Applicant Name: Gast Orange Health

Application Control Number:

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	5.
Measure 3. Quality control and quality assurance plan	10	

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

Measure 1, Financi	ng plan:	20		15
			<u> </u>	
Outtonian A	•	•	•	

Criterion 4.

Measure 1, Ties to the local community:	20	6

Criterion 5.

Measure 1, Research contributions:	10	,
		2
•		

4		
Total (add up all assigned scores)	100	
'	, , , ,	
•		

Manufacturing 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	5
Measure 3. Quality control and quality assurance plan	10	5

Measure 1: Background of	20	
principals, board members, and		5 .
owners:		

Measure 1, Financing plan:	20	15
Criterion 4.		•
Measure 1, Ties to the local community:	20	160
Criterion 5.	•	
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	

<u>Dispensing Endorsement</u>

Measure/Criterion

Criterion 1

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

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

C	rite	rion	3

Measure 1, Financing plan:	20	15
Criterion 4.		
Measure 1, Ties to the local community:	20	16
Criterion 5.		
Measure 1, Research contributions:	10	2.
Total (add up all assigned scores)	100	54.

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

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

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

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2</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

hard copies to be collected by DOH.	sheets and upload to share	epoint. Retain
Reviewer Number: 3		
Applicant Name: East ORANGE	Health LLC	m. #
Application Control Number:	Application Type (C,) 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	

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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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.

Reviewer Number: 🦊			
Applicant Name: EAST ORANGE \	HEALTH LLC		
Application Control Number: 19-019	Application Type: Ve	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	ΙΠ	
Manufacturing Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	\ []	
AND THE PROPERTY OF THE PROPER			

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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Governor SHEILA Y. OLIVER Lt. Governor

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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

Applicant Name: East Orange Health, LLC

Application Control Number: 19-019

Application Type: Vertical

Total Possible Points

Assigned Score

Cultivation Endorsement

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

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

19-0191

Criterion 3

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	0/

Manufacturing Endorsement

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

Criterion 2

Measure/Criterion

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

Measure 1: Background of	20	l l
principals, board members, and		19
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	95

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Lt. Governor

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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: 6

Applicant Name: East Orange Health LLC

Application Control Number: \(\frac{q}{-c} \q \)

Application Type: Vertical

Cultivation 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	8
Measure 3. Quality control and quality assurance plan	10	වි

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	20	٨
community:		\8

Criterion 5.

	Measure 1, Research contributions:	10	8
--	------------------------------------	----	---

Total (add up all assigned scores)	100	97

Manufacturing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	19
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		19
owners:		' '

Measure 1, Financing plan:	20	17
		1 +

Criterion 4.

Measure 1, Ties to the local	20	. ^	
community:		l &	

Criterion 5.

Measure 1, Research contributions:	10	
		8

Total (add up all assigned scores)	100		\neg
		87	

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	ç
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	17
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	88

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PHILIP D. MURPHY Governor

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

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

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Reviewer Number:		
Applicant Name: EAST Orange	Health, UC	
Applicant Name: EAST Orange Application Control Number: [9-0]9/ Cultivation	Application Type: V	ertical
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement	20	30
	30	م حب
Measure 2: Labor Compliance Plan	. 20	4

EAST ORANGE HEALTH
19-0191

Manufacturing Endorsement

Measure	/Criter	ion

Total Possible Points

Assigned Score

Criterion 7

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

Dispensing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

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

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

Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer	Number

Applicant Name: East Orange Health

Application Control Number: 19-0191 Application Type (C,(V)D):

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

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	15
6.1.3: Methods to control insects that do not include the application of pesticides.	20	6
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	17
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	17
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	14
6.2.4: Methods to prevent and test for contamination in extracted products.	20	18
6.2.5: Health and safety standards for lab employees.	20	18

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	8.
6.3.3: Patient education and counseling methods.	15	10
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	3

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Reviewer Number:		
Applicant Name: <u>EAST</u> ORANGE		
Application Control Number: (9-0191 Application Type (C, N), D):		
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	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	16
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	16
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		1

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	12
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
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	12
6.2.4: Methods to prevent and test for contamination in extracted products.	20	10
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.	20	10
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	පි
6.3.3: Patient education and counseling methods.	15	**************************************
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	5

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