

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

Applicant Name: GXLDEN STATE SOTINICALS LLC				
Application Control Number: 19-0043 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			
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			
	. 20			
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	. 20			
6.1.5 : Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.				
	20			

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	
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	
6.2.5: Health and safety standards for lab employees.	20	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	2
6.3.3: Patient education and counseling methods.	15	/3
6.3.4: Employee education procedures for patient-facing staff members.	15	12
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	45	
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	/0
	15	10

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

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Governor

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

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

A		·		
Reviewer Number:		· · · · · · · · · · · · · · · · · · ·		
Applicant Name: Jarden State	t belanicals	·.		
Application Control Number:	licant Name: Jarden Salt Balancols lication Control Number: Application Type (C, V, D): Assigned Score			
Measure/Criterion	Total Possible Points	Assigned Score		
Criterion 1				
Measure 1: Security Plan	. 10	8		
Measure 2. Environmental impact plan	10	7		
Measure 3. Quality control and quality assurance plan	10	7		
Criterion 2				
Measure 1: Background of principals, board members, and owners:	20	9		
Criterion 3		·		
Measure 1, Financing plan:	20	12		

Criterion 4.

Measure 1, Ties to the local community:	20	18
Criterion 5.		`
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	

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: GARDEN Application Control Number: 19-0043 Measure/Criterion Criterion 7	ion Type (C, V	_
Measure 3: Minority-owned, women- owned or veteran-owned business certification	30	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.

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> 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.

Reviewer Number:		
Applicant Name: GARDEN STATE		
Application Control Number: 19-0047	Application Type (C, \)	v, (b).
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	9
By checking this box. I hereby certify	that I Paviewer 4 co	mnlotad a full

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

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

Reviewer Number: 5	a set-nica	10 110
	tate Botanica	
Application Control Number: 19-00	43 Application Type	(C, V,D):
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
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	19
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	97

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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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: (p

Applicant Name: Garden State Batanicals

Application Control Number: \(\frac{1}{2} = 0.043\) Application Type (C, V, D)!

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

Criterion 2

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

Criterion 3

Measure 1, Financing plan:	20	70	

Criterion 4.

Measure 1, Ties to the local community:	20	So
Criterion 5.		
Measure 1, Research contributions:	10	<i>0</i>
Total (add up all assigned scores)	100	97

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

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PHILIP D. MURPHY Governor

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

Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1

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: GANDEN STATE BOTANIEGIS, NJ		
Application Control Number:	Application Type (C	, v <u>6</u> 9)
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	•	
Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan	20	14 W)

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

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

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

Reviewer Number: 🏷		· Mai to
Reviewer Number: 8 Applicant Name: Gorden State Botani	cals Sout	th Merchanion
Application Control Number: 년-여년 3 Application Control Number:	oplication Type (c, v,(b):
	<u>Total</u> Possible	Assigned
Measure/Criterion	Points	Score
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana	1.	
,	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	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	

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	
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	
6.2.5: Health and safety standards for lab employees.	20	F 151 (ta

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	15
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	12
6.3.4 : Employee education procedures for patient-facing staff members.	15	13
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	. 15	12
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	

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State of New Jersey

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SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

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

Alternative Treatment Center Reviewer Scoresheet - Team 2

Applicant Name: GALDEN STATE BOTANICALS			
Application Control Number: <u>(약-여억궁</u> Application Type (C, VD):			
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		
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		
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20		

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.		
producto.	20	
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.		
administration motion.	20	
6.2.4: Methods to prevent and test for		,
contamination in extracted products.	20	
6.2.5 : Health and safety standards for lab		
employees.	20	

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	(3
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.		- 0
	15	(3)

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