

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 - Team 2</u>

Applicant Name: <u>SANCTURKY M/ EB/C/N</u>		(5)
Application Control Number: <u>/9-0099</u> App	lication Type (Ø	:, <i>XI</i> _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	
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

and a second second		
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.		
administration metricu.	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	4
	20	
6.2.5: Health and safety standards for lab employees.	20	
Gilbiologo	<u> </u>	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to		
qualified patients.	20	<i>17</i> ·
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.	15	2
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	8

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 Rela Jersey

DEPARTMENT OF HEALTH

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

Reviewer Number: 🔿	Α	
Applicant Name: Sanchuly v	Medicinals U	
Application Control Number: Application Type (C. V. D):		
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	3
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	(· \ . ·
Criterion 3		
Measure 1, Financing plan:	20	20
L		

Criterion 4.

	Measure 1, Ties to the local community:	20	4	
L				1

Criterion 5.

Measure 1, Research contributions:	10 .	9
Total (add up all assigned scores)	100	58



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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: SANCTWARY Application Control Number: 19-0099 Measure/Criterion Criterion 7	Medicinals Application Type (C, Total Possible Points	V,(D): Assigned Score
Measure 3: Minority-owned, women- owned or veteran-owned business certification	3	30



State of New Jersey

DEPARTMENT OF HEALTH

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

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

Reviewer Number:	0	·
Applicant Name: SANCTUALY ME	DICINALS	<i>A</i> 1
Applicant Name: JANC 10719 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Application Type (C, \	//b):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	[7]
By checking this box, I hereby certify review of the assigned measures in this a represent my work alone.	that I, Reviewer, co application and that thes	mpleted a full e scores



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Alternative Treatment Center Reviewer Scoresheet - Team 1

hard copies to be collected by DOH.		
Reviewer Number: 5 Applicant Name: Sanctuary	Medicinals LL	C (South)
Applicant Name: June 19	0.0	
Application Control Number: 19-00	949 Application Type	(C, V <u>(D)</u>)
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		1
Measure 1: Security Plan	10	9
Measure 2. Environmental impact	10	9
Measure 3. Quality control and quality assurance plan	10	8
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	20
Criterion 3		
Measure 1, Financing plan:	20	20

Criterion 4.

Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	93



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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Measure 1, Financing plan:

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Judith M. Persichilli, RN, BSN, MA

Acting Commissioner

<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.

nard copies to be collected by DOII.		
Reviewer Number: 🕼		
Applicant Name: Sanctuary M	edicinals	
Application Control Number: \\(\frac{1}{9} - 009	Application Type	(c, v,(b);)
Measure/Criterion	Total Possible Points	
Criterion 1		
Measure 1: Security Plan	10	lo
Measure 2. Environmental impact	10	7
Measure 3. Quality control and quality assurance plan	10	9
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	19
Criterion 3		

20

Criterion 4.

Measure 1, Ties to the local community:	20	20	
Criterion 5.			
Measure 1, Research contributions:	10	9	
Total (add up all assigned scores)	100	93	



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

<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.

hard copies to be collected by DOH.		
Reviewer Number: 7 Applicant Name: SAnctuary Me	dicingle LLC	
Application Control Number:	Application Type (C,	v, <i>(</i> 5)
/9-0099 Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan	20	20



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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

Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Application Control Number: /9-00 99	Application Type (c, v,(D))
Applicant Name: Sanctuary Medi	cinals	
Reviewer Number:	X ***	
collected by DOH.		

Criterion 6

Measure 1: Cultivation plan

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

C 0 4 0		
6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.		
600.	20	
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.		
000 5	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.		
C 2 4 14 14 1	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab	20	
employees.		
	20	

Measure 3: Dispensary plan

	/00	
6.3.1: Overview of practices, policies and	T 700	
procedures for dispensing medical cannabis to qualified patients.		12
6.2.2. Famouria ()	20	
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.		1)
6.3.3: Patient education and source live at the	20	10
6.3.3: Patient education and counseling methods.		a
634: Employee education	15	
6.3.4: Employee education procedures for patient-facing staff members.		9
635: Plane to recruit and adv.	15	,
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		5
000 5	15	
6.3.6 : Explanation of how the proposed dispensary location expands access to patients and caregivers.		12
	15	



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

Applicant Name: SANCTUARY WEDICIDALS		
Application Control Number: 19-009 Application Type (C, VD:		
Total Possible Points	Assigned Score	
	and the state of t	
20		
20		
20		
20		
20		
	Total Possible Points 20 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.	00	17
	20	
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	13
6.3.3: Patient education and counseling methods.	15	10
6.3.4 : Employee education procedures for patient-facing staff members.	15	la
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	S
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	(0