

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number: \_\_/\_

Applicant Name: CANAPA GP, LLC

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA

Acting Commissioner

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

Application Control Number: <u>/9-0/2-</u> Application Type (2,X(D):		
Measure/Criterion	Total Possible Points	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	
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.		
	20	
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.		
	20	<u></u>
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
Consty in Continuous Street	20	

## Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
<b>6.2.3:</b> 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	
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	
<b>6.2.5:</b> Health and safety standards for lab employees.	20	

### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	/10
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	4
<b>6.3.3:</b> Patient education and counseling methods.	15	/2
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	/2
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	2.
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	2

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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Acting Commissioner

# Alternative Treatment Center Reviewer Scoresheet - Team 1

scoring all the applications, scan the so hard copies to be collected by DOH.	coresheets and upload to	sharepoint. Retain
Reviewer Number:		
Applicant Name: CAMMOU -	6P	
Application Control Number:	Application Type	(c, v, 6).
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	13
Measure 2. Environmental impact plan	10	
Measure 3. Quality control and quality assurance plan	10	
Criterion 2		
Measure 1: Background of principals, board members, and owners:	. 20	6
Criterion 3		
Measure 1, Financing plan:	20	3

### Criterion 4.

Measure 1, Ties to the local community:	20	3
Criterion 5.		
Measure 1, Research contributions:	10	1
Total (add up all assigned scores)	100	18

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



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## <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.

Reviewer Number: 3					
Applicant Name: Canapa GP	LLC				
Application Control Number:	Application Type	(C, V	(D)	·	
Measure/Criterion	<u>Total Possible</u> <u>Points</u>		<u>Assl</u>	ned S	core
Criterion 7		٠,		¬	
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30		1	•

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.



# State of New Jersey

### **DEPARTMENT OF HEALTH**

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

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Governor SHEILA Y. OLIVER Lt. Governor

PHILIP D. MURPHY

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# <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: CANAPA GP	LLC	$\mathcal{L}$
Application Control Number: 19-012	O Application Type (C,	v,/by:
<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	8
☑ By checking this box, I hereby certify review of the assigned measures in this a	that I. Reviewer	mpleted a full

represent my work alone.



# State of New Jersey

### DEPARTMENT OF HEALTH

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

Governor
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Lt. Governor

PHILIP D. MURPHY

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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.

Reviewer Number: 5

Applicant Name: Canapa GP, LLC

Application Control Number: 19-0120 Application Type (C, VD)

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

### Criterion 1

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

#### Criterion 2

Measure 1: Background of	20	1-7
principals, board members, and		
owners:		
	The state of the s	

#### **Criterion 3**

Figuraine plant	20	1 -7 -
Measure 1, Financing plan:	<b>-</b>	
	1	' ' .

### Criterion 4.

Measure 1, Ties to the local community:	, Ties to the local 20 y:	
Criterion 5.		
Measure 1, Research contributions:	10	0
Total (add up all assigned scores)	100	68

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

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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:

Applicant Name: Canaga GP LLC

Application Control Number: \9 -0\70

Application Type (C, V/D):

#### Measure/Criterion

# Total Possible Points Assigned Score

#### Criterion 1

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

#### Criterion 2

Measure 1: Background of principals, board members, and owners:	20	15
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#### Criterion 3

Measure 1, Financing plan:	20	12

### Criterion 4.

Measure 1, Ties to the local community:	. 20	16
Criterion 5.		
Measure 1, Research contributions:	10	4
Total (add up all assigned scores)	100	57

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



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

maid copies to be conceded by 2012.		
Reviewer Number:		
Applicant Name: CANAPA G	PLLC	
Application Control Number:	Application Type (C	, V(D):
Application Control Number:  19-0/20  Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement	30	0
Measure 2: Labor Compliance Plan	20	0
☑ By checking this box, I hereby certife review of the assigned measures in this represent my work alone.	y that I, Reviewer, c s application and that the	ompleted a full ese scores



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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.

<b>Reviewer Number:</b>	` <b>Ö</b>
ji d	o

Applicant Name: Canapa GP

1

Application Control Number: 19-0120 Application Type (C, V, D):

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

#### Criterion 6

Measure 1: Cultivation plan

Measure 1. Cultivation plan	
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20
<b>6.1.3</b> : Methods to control insects that do not include the application of pesticides.	20
	20
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	
	20

## Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20
<b>6.2.3:</b> 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
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20
<b>6.2.5</b> : Health and safety standards for lab employees.	20

## Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	10
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	10
<b>6.3.3:</b> Patient education and counseling methods.	15	9
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	9
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	0
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.		0
	15	

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

Reviewer Number:		
Applicant Name: <u>CANAPA</u> GP		
Application Control Number: <u>し 9 - の (                                </u>	olication Type (C	C, V(D):
Measure/Criterion	Total Possible Points	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	
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.	20	
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
July III July III	20	

# Measure 2: Manufacturing plan

Medanic T. Managaran 2 1		
<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
<b>6.2.3:</b> 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	
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	
<b>6.2.5:</b> Health and safety standards for lab employees.	20	

# Measure 3: Dispensary plan

Megante 2. Dispendent bress		
<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	9
<b>6.3.3:</b> Patient education and counseling methods.	15	7
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	8
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	8
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	9

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