

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>

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: TRUGLEEN PARTNERS, LLC			
Application Control Number: <u>/9- p/2-9</u> App		:, V ,(D)	
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 6			
Measure 1: Cultivation plan	- T		
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

20	
20	
20	
20	
20	
	20

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	4
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	4
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	4
6.3.6: 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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Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:			
Applicant Name: Tru Green Pa	ertners		
Application Control Number: 9 - 0129 Total Basisha Bainta Assistan			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 1			
Measure 1: Security Plan	10	io	
Measure 2. Environmental impact plan	10	4	
Measure 3. Quality control and quality assurance plan	10	6	
Criterion 2			
Measure 1: Background of principals, board members, and owners:	20	8	
Criterion 3			
Measure 1, Financing plan:	20	4:	

Criterion 4.

Measure 1, Ties to the local community:	20		15
Criterion 5.			
Measure 1, Research contributions:	10		2
Total (add up all assigned scores)	100	,	45

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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: TRUGREEN Application Control Number: 19-0129 Measure/Criterion Criterion 7	ParThers Application Tyl Total Possible Points	pe (C, V	
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30	25

By checking this box, I hereby certify that I, Reviewer 2, 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 3-3</u>

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Reviewer Number:	
Applicant Name: TRU GREEN	PARTNERS
Application Control Number: 19-012	Application Type (C, V, D):
Measure/Criterion	Total Possible Points Assigned Score
Criterion 7	
Measure 4: Workforce and job-creation plan	20 14
☑ By checking this box, I hereby certify t review of the assigned measures in this a represent my work alone.	hat I, Reviewer, completed a full pplication and that these scores



State of New Jersey

DEPARTMENT OF HEALTH

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Acting Commissioner

Computed 1014/21

Alternative Treatment Center Reviewer Scoresheet - Team 1

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		L
Reviewer	Number:	

Applicant Name: Trugreen Partners, LLC

Application Control Number: 19-0129 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	8
Measure 3. Quality control and quality assurance plan	10	9

Criterion 2

Measure 1: Background of	20	
principals, board members, and		18
owners:		1 0

Criterion 3

Measure 1, Financing plan:	20	18

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	ad

88

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

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Reviewer Number: 6

Applicant Name: Trubreen Partners LLC

Application Control Number: 14-0129 Application Type (C, VD)

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

Criterion 2

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

Criterion 3

Measure 1, Financing plan:		20	
Measure I, I manering promise	•		 18
		<u> </u>	L

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	91

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

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Reviewer Number:		
Applicant Name: Tru breen /	grtners	
Application Control Number:	Application Type (C,	V, D):)
Measure/Criterion Criterion 7	Total Possible Points	Assigned Score
Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan		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.



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<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: Tru Green Partners

Application Control Number: 19-0124 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

Medadic I. California pian	
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.		
	20	
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.		
Oxidotion 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.		
201 M II I I I I I I I I I I I I I I I I I	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

and caregivers.

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

100

15

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



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9

Reviewer Number:			
Applicant Name: TRUGREEN PARTNERS			
Application Control Number: <u>ピターのは</u> Application Type (C, V,の)			
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

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	(0
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	9
6.3.3: Patient education and counseling methods.	15	7
6.3.4: Employee education procedures for patient-facing staff members.	15	7
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	9

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