

DEPARTMENT OF HEALTH

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

PHILIP D. MURPHY Governor SHEILA Y. OLIVER

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

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

Alternative Treatment Center Reviewer Scoresheet - Team 2

Applicant Name: MIDDLE VALLEY PARTNELS, LCC			
Application Control Number: <u>/9- ۵০/៤</u> Application Type (2,×10):			
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		
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.	. %	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	. 20	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	18
6.3.3: Patient education and counseling methods.	15	/3
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	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	/3

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

Please refer to the scoring instructions which you are assigned, and are applications, scan the scoring all the applications, scan the schard copies to be collected by DOH.	cable to each application.	Once you are done
Reviewer Number:		
Applicant Name: Middle Vall	ley fartners	
Applicant Name: Michel Vall Application Control Number: Measure/Criterion	Application Type	(C, V, D);
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10 .	8
Criterion 2	·	
Measure 1: Background of principals, board members, and owners:	20	17
Criterion 3		
Measure 1, Financing plan:	20	18

Criterion 4.

Measure 1, Ties to the local community:	20	17-
Criterion 5.		
Measure 1, Research contributions:	10	. 0
Total (add up all assigned scores)	100	89

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

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Governor
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Lt. Governor

Reviewer Number:

PHILIP D. MURPHY

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 scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Applicant Name: Middle Valley	Partners	44	C
Application Control Number:	Application Type	(C, V	, (0)
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	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.



PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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

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

Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3

Applicant Name: MIDDLE VALLEY Application Control Number: 19-6016	Application Type (C, \	/, (D) !
<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	18
By checking this box, I hereby certify	that I, Reviewer \(\begin{aligned} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	npleted a full



Complete 11/4/21

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Criterion 3

Measure 1, Financing plan:

PHILIP D. MURPHY

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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hard copies to be collected by DOH.				
Reviewer Number: 5				
Applicant Name: Middle Valley Partners, LLC - Well ress Application Control Number: 19-0016 Application Type (C, V, D);				
Application Control Number: 19-00	16 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	9		
Measure 3. Quality control and quality assurance plan	10	10		
Criterion 2				
Measure 1: Background of principals, board members, and owners:	20	19		
	<u> </u>			

20

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	/ð

Total (add up all assigned scores)	100	94
		/

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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Measure 1, Financing plan:

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

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nard copies to be confected by DOII.		
Reviewer Number: ⁽)		
Applicant Name: Middle Valley F	andness LLC	_
Applicant Name: Middle Valley Pardness LLC Application Control Number: 19-0016 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	ုဝ
Measure 3. Quality control and quality assurance plan	10	(O
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	١٩
Criterion 3		

20

19

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	٩
Total (add up all assigned scores)	100	95

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>

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 conceiled by Doil.		
Reviewer Number: 7		
Applicant Name: $Moddle VAlle$ Application Control Number:	y Partners, LL	C
Application Control Number: /	Application Type (C	s, v <u>(</u> 6)
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	30	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.

Measure 2: Labor Compliance Plan



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Alternative Treatment Center Reviewer Scoresheet - Team 2

Reviewer Number: 8 Applicant Name: Middle Valley Well	Iness	
		\bigcirc
Application Control Number: / 9-00 10	Application Type (C	S, V,(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 procedu related to the cultivation of medical cannabis.	res 20	***
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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

Measure 3: Dispensary plan	100	
6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	15
6.3.3: Patient education and counseling methods.	15	13
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	13

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Alternative Treatment Center Reviewer Scoresheet - Team 2

Reviewer Number:		
Applicant Name: MIDDLE VALLEY PAI	TNEILS	,
Application Control Number: 19-0016 Application Type (C, V(D)		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
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6.2.5: Health and safety standards for lab employees.	20

Measure 3: Dispensary plan

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6.3.2: Experience/education in the treatment of		
patients with qualifying health conditions.	20	16
6.3.3: Patient education and counseling methods.		. /
	15	15
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	(3
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	(4

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