

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: GR VENDING N-T, LLC			
Application Control Number: 19-0064 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	<u> </u>	

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	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	//a
6.3.3: Patient education and counseling methods.	15	14
6.3.4: Employee education procedures for patient-facing staff members.	15	14
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
6 3 6: Evaluation of how the man and	15	1.4
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	//

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

Alternative Treatment Center Reviewer Scoresheet - Team 1

Applicant Name: GR Vending Application Control Number: Application Type (C, V,D): Measure/Criterion Criterion 1				
Criterion 1				
Criterion 1	Application Control Number: Application Type (C, V(D):			
Criterion 1				
Mongripo 1: Security DI				
Measure 1: Security Plan 10				
Measure 2. Environmental impact 10 plan				
Measure 3. Quality control and 10 quality assurance plan				
Criterion 2				
Measure 1: Background of 20 principals, board members, and owners:				
Criterion 3				
Measure 1, Financing plan: 20				

Criterion 4.

Measure 1, Ties to the local community:	20	5
Criterion 5.		
Measure 1, Research contributions:	10	3
Total (add up all assigned scores)	100	64

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: GR Vending Application Control Number: 19-0064 Measure/Criterion Criterion 7	Nコ	V,(D) Assigned Score
Measure 3: Minority-owned, women- owned or veteran-owned business certification	30	25

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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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3

Reviewer Number:		
Applicant Name: GR VENDING N	JLIC	
Application Control Number: 1역-୦୦6 닉	Application Type (C,	v, ps):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	15
By checking this box, I hereby certify to be review of the assigned measures in this a represent my work alone.	that I, Reviewer <u></u> , complication and that these	npleted a full s scores



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<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: GR Vending Application Control Number: 19-006	NJLLC		
Application Control Number: 19-056	# 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	10	
Criterion 2			
Measure 1: Background of principals, board members, and owners:	20	20	

Criterion 3

Measure 1, Financing plan:	20	26

Criterion 4.

Measure 1, Ties to the local	20	
community:		18

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

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Reviewer Number: 6

Applicant Name: GR Vending NJ-LLC

Application Control Number: 19-0064 Application Type (C, V, 6)

Measure/Criterion

Criterion 1

Measure 1: Security Plan	10	(3
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		19
owners:		1 \

Criterion 3

Measure 1, Financing plan:	1 20	ا مما
modelate if i marreing plant		1 72 1
	1	
1		

Criterion 4.

Measure 1, Ties to the local community:	20	19	
Criterion 5.			
Measure 1, Research contributions:	10	9	
Total (add up all assigned scores)	100	96	

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 3-1

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.

1		
Reviewer Number:		
Applicant Name: GR Vending	NJLLC	
Applicant Name: GR Vending Application Control Number:	Application Type (C	e, V (D):
Measure/Criterion 9-00 4 4	Total Possible Points	Assigned Score
Critorion 7		

Criterion /

Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		
·	20	20

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 2

collected by DOH.		
Reviewer Number:		
Applicant Name: GR Vending Application Control Number: 19-0064		
Application Control Number: 19-0064	Application Type (0	c, v,/b):
·	<u>Total</u> Possible	Assigned
Measure/Criterion	Points	<u>Score</u>
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedurelated to the cultivation of medical cannabis.		
Totaled to the editivation of medical ediments.	20	
6.1.2: Experience in botany, horticulture, and		

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.		WANTED TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T
To plant alboard and other containmation.	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	100	
6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	19
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	19
6.3.3: Patient education and counseling methods.	15	15
6.3.4: Employee education procedures for patient-facing staff members.	15	14
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.	4.5	45/1991
	15	

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

Applicant Name: OR COLITOR	7~ (1	
Application Control Number: <u>(9-0064</u> Application Type (C, V, 6)		
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	20	
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	۱7
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	しつ
6.3.3: Patient education and counseling methods.	15	14
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	l 5
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	45	1.3
	15	r Or

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