

Pennsylvania Department of Health
Application for Approval of a Clinical Registrant

INSTRUCTIONS

Contents

I. GENERALLY2
Completing the Application2
Medical Marijuana Regions3
Fees3
Application Timetable4
Definitions for Terms Within Application Documents4

II. DISCLOSURE OF APPLICATION INFORMATION5
Information Subject to Disclosure5
Definition of Trade Secret and Confidential Proprietary Information6
Other Information Exempt From Disclosure7
Defense of Applicant Redactions7

III. CONSENT TO INVESTIGATION AND BACKGROUND CHECKS7
Individuals with Controlling Interest7
Background Checks8
Background Check Process8

IV. PREPARING AND SUBMITTING YOUR APPLICATION9
The Application Package9
Completing the Application9
Submitting Your Application Package10

V. AFTER YOU SUBMIT YOUR APPLICATION10
Changes During Application Process or Permit Term11

VI. SCORING METHODOLOGY11
Scoring Rubric12
Diversity Plan Scoring Matrix14
Community Impact Scoring Matrix18
Currently Underserved Counties Error! Bookmark not defined.

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

I. GENERALLY

The Pennsylvania Department of Health (Department) became responsible for administering Pennsylvania's Medical Marijuana Program with the enactment of the Medical Marijuana Act (Act), which includes a research program component, 35 P.S. §§ 10231.101-10231.2110.

An applicant must be approved by the Department of Health (Department) before the clinical registrant can hold a grower/processor and dispensary permit and execute a research contract to implement a research program. An applicant must also provide all information required by the Department for the certified ACRC that will contract with the applicant during the time it may be approved as a clinical registrant by the Department. A list containing the name and address of each certified ACRC by the Department can be found at www.medicalmarijuana.pa.gov.

An applicant must indicate in the application whether it currently holds a valid grower/processor and/or dispensary permit under sections 601—619 of the act (35 P.S. §§ 10231.601—10231.619). An applicant that currently holds one, or both, of these permits must file with its Application for Approval of a Clinical Registrant a request for conversion of the permit or permits it currently holds. If an applicant does not hold one, or both, of these permits, it must complete and include with the Application for Approval of a Clinical Registrant, a Medical Marijuana Grower/Processor Permit Application, a Medical Marijuana Dispensary Permit Application, or both. Failure to file the required applications will result in the Department rejecting the applicant's Application for Approval of a Clinical Registrant.

An applicant who does not already hold a grower/processor permit, a dispensary permit, or both, must apply for the appropriate permit(s), as a clinical registrant must hold both grower/processor and dispensary permits under the same legal entity name. Each unique permit application must be accompanied by the appropriate fees.

An applicant who has already been issued a grower/processor permit or a dispensary permit and who wishes to become a clinical registrant, shall submit, with the application for approval of a clinical registrant, a request for conversion of an existing permit pursuant to 28 Pa. Code § 1211a.28.

Applicants should understand the Act and its accompanying regulations at 28 Pa. Code Chapters 1141a, 1151a, 1161a, 1171a, 1181a, 1191a and 1211a (permanent regulations) and are advised to read these instructions and any guidance before beginning work on any application. These instructions apply to both the grower/processor and dispensary permit applications unless otherwise noted.

Please note: Applications that were previously submitted will not be considered for approval as a clinical registrant. An applicant must submit a new, timely application package with the required fees to be considered.

Completing the Application

An applicant seeking approval from the Department must complete all sections of the Application for Approval of Clinical Registrant Permit, including information on the individual who will be the primary contact for the applicant during the Department's review of the application. The application and any required supporting documentation must be saved as PDF files on a single USB drive.

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

The applicant must provide the requested documentation and answer ALL affirmations unless directed to move on to the next section. All documentation (either specifically requested or if more space is necessary for your answer) must be attached to the application in the form of PDF files.

Please make sure the Application is properly signed and dated. A signature may be scanned and provided electronically in a PDF file.

Medical Marijuana Regions

The Commonwealth is divided into six Medical Marijuana Regions, comprised of the counties listed below. [A map of the Medical Marijuana Regions](#) is available online.

| Region 1 Southeast | Region 2 Northeast | Region 3 Southcentral | Region 4 Northcentral | Region 5 Southwest | Region 6 Northwest |
|--|---|--|--|---|---|
| Berks Bucks Chester Delaware Lancaster Montgomery Philadelphia Schuylkill | Carbon Lackawanna Lehigh Luzerne Monroe Northampton Pike Susquehanna Wayne Wyoming | Adams Bedford Blair Cumberland Dauphin Franklin Fulton Huntingdon Juniata Lebanon Mifflin Perry York | Bradford Centre Clinton Columbia Montour Northumberland Sullivan Snyder Tioga Union Lycoming Potter | Allegheny Armstrong Beaver Butler Cambria Fayette Greene Indiana Somerset Washington Westmoreland | Cameron Clarion Clearfield Crawford Elk Erie Forest Jefferson Lawrence McKean Mercer Venango Warren |

Currently Underserved Counties

(As of March 2024)

- Adams
- Beaver
- Bedford
- Bradford
- Clinton
- Fayette
- Juniata
- Northumberland
- Pike
- Schuylkill
- Tioga
- Venango
- Warren

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

Fees

Application Fees and Permit Fees must be submitted in the form of separate, certified checks or money orders made payable to “Commonwealth of Pennsylvania.” Each fee must be enclosed in a separate, sealed envelope within the application package. Application Fees are non-refundable. Permit Fees will be refunded if the applicant is not issued a permit. Refunds will be issued to the business name provided in Section 1 of the permit application, in care of the primary contact, and mailed to the primary contact’s mailing address.

Please note: a refund cannot be processed without the applicant’s Federal Employer ID Number.

The following fees must be submitted with each application:

Grower/Processor Permit Applications:

Application Fee: \$10,000

Permit Fee: \$200,000

Dispensary Permit Applications:

Application Fee: \$5,000

Permit Fee: \$30,000 per dispensary location identified in the application, up to \$180,000

Application Timetable

Applicants must be aware of and conform to the following dates and deadlines:

June 1, 2024:

The Phase VI Application for Approval of a Clinical Registrant, associated attachments, and instructions will be available on Pennsylvania’s Medical Marijuana [website](#).

July 1, 2024:

The earliest date for which the Department will accept Phase VI Applications for Approval of a Clinical Registrant. (See Section IV below, “Preparing and Submitting Your Application”).

August 2, 2024:

The latest date for which the Department will accept Phase VI Applications for Approval of a Clinical Registrant. (See Section IV below, “Preparing and Submitting Your Application”).

Definitions for Terms Within Application Documents

Certain relevant and newly enacted definitions are included here for the Applicant’s convenience. All

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

words and phrases shall have the meanings given to them in the Medical Marijuana Act and regulations, and applicants are encouraged to familiarize themselves with all defined terms. See 35 P.S. § 10231.103 and 28 Pa. Code § 1141a.21:

ACRC—Academic clinical research center- An accredited medical school in this Commonwealth that operates or partners with an acute care hospital licensed and operating in this Commonwealth that has been approved and certified by the Department to enter into a contract with a clinical registrant.

Applicant—A person who submits an application to the Department to become an approved clinical registrant.

Certified ACRC—An ACRC that has applied for and has been certified by the Department to enter into a research contract with an approved clinical registrant.

Clinical registrant—An entity that:

- (i) Holds a permit as both a grower/processor and a dispensary;
- (ii) Has a contractual relationship with an ACRC under which the ACRC or its affiliate provides advice to the entity, regarding, among other areas, patient health and safety, medical applications and dispensing and management of controlled substances; and
- (iii) Is approved by the Department.

Institution of higher education—A community college, State-owned institution, State-related institution, or private college or university approved by the Department of Education.

Research contract—A written agreement between an approved clinical registrant and a certified ACRC that contains the responsibilities and duties of each party with respect to the research program that the approved clinical registrant and the certified ACRC intend to conduct under this chapter and under which the certified ACRC will provide medical advice to the approved clinical registrant regarding, among other areas, patient health and safety, medical applications, and dispensing and management of controlled substances. This term shall include a letter of intent to enter into an agreement for purposes of a clinical registrant application.

Research program—Research on the therapeutic or palliative efficacy of medical marijuana limited to the serious medical conditions defined by the act and the regulations.

The terms “you” and “your” generally refer to the applicant applying for the permit. The term “Department” refers to the Pennsylvania Department of Health.

II. DISCLOSURE OF APPLICATION INFORMATION

Information Subject to Disclosure

Applications submitted to the Department, including all attachments, are public records and are subject to disclosure under the [Right-to-Know Law](#) (RTKL), 65 P.S. §§ 67.101-67.3104.

Accordingly, under 28 Pa. Code § 1141a.29 (a)(2), to the extent that your application package contains

Pennsylvania Department of Health Application for Approval of a Clinical Registrant

trade secret or confidential proprietary information, an applicant also must submit a redacted application in an electronic format.

Definition of Trade Secret and Confidential Proprietary Information

“Trade secret” is defined under the RTKL as: “Information, including a formula, drawing, pattern, compilation, including a customer list, program, device, method, technique or process that: (1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. The term includes data processing software obtained by an agency under a licensing agreement prohibiting disclosure.” 65 P.S. § 65.102.

“Confidential proprietary information” is defined under the RTKL as: “Commercial or financial information received by an agency: (1) which is privileged or confidential; and (2) the disclosure of which would cause substantial harm to the competitive position of the person that submitted the information.” 65 P.S. § 65.102.

You must **SUBMIT A SEPARATE REDACTED APPLICATION** in an electronic format that complies with the following:

1. Redact **ONLY** trade secret or confidential proprietary information *as defined under the RTKL*.
2. Redaction marks must be **BLACK** on **WHITE** background, must be marked “RTKL 708(b)(11),” and must cover only exempt material. Section headings and content descriptors on the permit application and attachments must remain exposed.

PROPERLY REDACTED:

C. PLEASE ALSO PROVIDE A DETAILED SUMMARY OF THE METHODS AND PROCEDURES THAT WILL BE USED FOR THE GROWING OF MEDICAL MARIJUANA AT THE PROPOSED GROWER/PROCESSOR FACILITY. FOR EXAMPLE: THE INCLUSION OF GROWING MEDIUMS OR HYDROPONICS, THE PHYSICAL CONDITION FOR MAINTAINING THE IMMATURE MEDICAL MARIJUANA PLANTS AND MEDICAL MARIJUANA PLANTS, NUTRIENT PRACTICE, PARTICULAR LIGHTING STRATEGIES, ETC.

ABC Corporation will utilize the following proprietary methods:

RTKL 708(b)(11)

IMPROPERLY REDACTED:

RTKL 708(b)(11)

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

3. All redactions must be marked. Do not withhold or delete portions of the redacted application.
4. Do not lock, password protect, or otherwise secure the redacted copy from editing, organizing and printing.
5. Include all sections of application and attachments in the redacted application (even if no redaction is made to some portions), as the redacted and unredacted applications must match page for page.
6. Include a written statement signed by an applicant representative stating that all redactions made by the applicant constitute trade secret or confidential proprietary information as defined under the RTKL.

In accordance with section 707(b) of the Right-to-Know Law, 65 P.S. 67.707(b), the Department will make an independent determination as to whether to release the information marked as confidential proprietary or trade secret.

Other Information Exempt From Disclosure

Should the Department receive a RTKL request for an application, the Department will redact any other information exempt from disclosure under the RTKL, the Act and the regulations prior to providing records to the requester.

Defense of Applicant Redactions

An applicant must defend its own redactions in any administrative or court proceeding, including any appeals. You must maintain the email address you submit as your primary contact in Section 1 of the application, even if you do not receive a permit, so that the Department may keep you informed of RTKL requests and any litigation involving your redacted permit application. Any information not adequately defended by the applicant may result in full disclosure of the information in un-redacted form.

III. CONSENT TO INVESTIGATION AND BACKGROUND CHECKS

By submitting an application to the Department, an applicant consents to any investigation, to the extent deemed appropriate by the Department, of the applicant's ability to meet the requirements of the Act and regulations.

Individuals with Controlling Interest

In the application, questions relating to principals and financial backers must be answered only for those individuals with a "controlling interest," which is defined as follows:

- For a publicly traded company, voting rights that entitle a person to elect or appoint one or more

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

of the members of the board of directors or other governing board or the ownership or beneficial holding of 5% or more of the securities of the publicly traded company.

- For a privately held entity, the ownership of 5% or more of the business.

Background Checks

To provide the criminal history record check required, an applicant must submit fingerprints of its principals, financial backers, operators and employees to the Pennsylvania State Police. The Pennsylvania State Police or its authorized agent will submit the fingerprints to the Federal Bureau of Investigation for the purpose of verifying the identity of the individuals whose fingerprints have been submitted and obtaining a current record of criminal arrests and convictions.

The Department may only use criminal history background check information to determine the character, fitness and suitability to serve in the designated capacity of the principal, financial backer, operator and employee.

The requirement of obtaining a background check applies to individual owners of securities in a publicly traded company only where the individual holds a controlling interest.

A financial backer, principal or employee may not hold a volunteer position, position for remuneration or otherwise be affiliated with a MMO if the individual has been convicted of a criminal offense relating to the sale or possession of illegal drugs, narcotics or controlled substances.

Background Check Process

All individuals who are listed as financial backers, principals, operators and employees in Part C, Section 4 of the grower/processor permit application or the dispensary permit application must complete a federal background check as part of their permit application. The Commonwealth's vendor for digital fingerprinting is IdentoGO.

Pre-enrollment with IdentoGO is required. Once enrolled, you may either schedule an appointment or "walk-in" during the location's posted hours of operation. Scheduling an appointment is recommended.

IdentoGO uses service codes that are unique to the agency requiring the background check. These codes ensure that applicants are processed for the proper purpose and that the results are forwarded to the appropriate agency. The Department uses the Service Name and Code listed below. DO NOT use the code for any other purpose.

All background check results will be transmitted directly to the Department. Please use the following steps to obtain the required federal background check:

1. Each individual financial backer, principal, operator and employee begins the Federal Criminal Background Check process by visiting the IdentoGO website at the following link:

<https://uenroll.identogo.com>

2. Enter the service code (also referred to as Authorization or Coupon Code) no matter the

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

- individual's affiliation with the organization.
- PA Medical Marijuana Organization – 1KGBJG
3. If you are able to visit a Pennsylvania location to get your digital fingerprinting, click on the “Schedule or Manage Appointment” tab and complete the requested information.
 4. If you are outside of the Commonwealth and not able to visit a physical location in Pennsylvania, click on the “Submit A Fingerprint Card by Mail” tab and complete the requested information.

IV. PREPARING AND SUBMITTING YOUR APPLICATION

The Application Package

The application package consists of the following:

1. The completed Application for Approval of a Clinical Registrant, which includes a request for conversion of an existing permit.
2. The completed Medical Marijuana Grower/Processor Permit Application if not converting an existing permit.
3. The completed Medical Marijuana Dispensary Permit Application if not converting an existing permit.
4. Completed Attachments A through L for any Medical Marijuana Grower/Processor and/or Dispensary Permit Application submitted.
5. Any additional attachments referenced in a narrative section of the application and/or listed in Attachment A.
6. Redacted version of each completed application and all accompanying attachments, redacted according to the instructions provided in Section II.
7. Appropriate Application Fees and Permit Fees for each application submitted, in the form of certified checks or money orders, made payable to “Commonwealth of Pennsylvania.” Each fee must be enclosed in its own separate, sealed envelope within the application package.
8. The Department will consider any application sent by mail as long as the United States Postal Service postmark on the outside of the package is clear and legible. The Department will return a permit application that is postmarked after the August 2, 2024 deadline.

Completing the Application

Complete every section of each required application. For sections that require a written answer, please limit your response to no more than 5,000 words per section. If a question or item does not apply, place “Not Applicable” or “N/A” within that line or box. Do not leave the answer space blank.

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

The application form and all attachments must be saved in an electronic format as PDF files on a single USB drive, CD-ROM, or DVD, in accordance with the following file naming format: *Applicant Name_Application Type_Document Title.pdf*.

Examples:

- Jane Doe LLC_Clinical Registrant_Application.pdf
- Jane Doe LLC_Grower-Processor_Application.pdf
- Jane Doe LLC_Grower-Processor_Attachment G.pdf
- Jane Doe LLC_Dispensary_Application.pdf
- Jane Doe LLC_Dispensary_Redacted Application.pdf

If you are submitting more than one application, add a numerical suffix to clearly identify which application the file is associated with:

- Jane Doe LLC_Grower-Processor_Application-2.pdf
- Jane Doe LLC_Dispensary_Attachment G-3.pdfXxx

Please note:

- Do not lock, password protect, or otherwise secure any file.
- Paper submittals will not be considered.
- Letters of Recommendation or Support should not be submitted and will not be considered.

Submitting Your Application Package

Application packages must be mailed to the following address:

Bureau of Medical Marijuana ATTN: PCARD
Room 628, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

V. AFTER YOU SUBMIT YOUR APPLICATION

If an application is deemed complete by the Department but additional information is needed to make a determination, the Department will request, in writing, the information and documentation required. The applicant will have 30 days from the mailing date of the notice to respond. Failure to provide the requested information to the Department by the deadline may be grounds for denial of the issuance of a permit.

An application that is deemed to be incomplete (such as, but not limited to: missing signatures; attachments referenced in narrative section but not actually included; lack of complete notarization; all checkboxes not appropriately marked; failure to include required dispensary and/or grower/processor

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

application; failure to included complete required attachments; failure to attach a signed copy of a valid research contract; failure to include a description of each research program the applicant and the certified ACRC intend to conduct) will be rejected by the Department and the Permit Fee will be refunded. **Electronic media not containing the complete application package will be deemed incomplete and rejected.** The Application Fee, however, is non-refundable.

An application package that is postmarked after the August 2, 2024 deadline will be rejected by the Department and returned to the applicant without further consideration, along with the Application Fee and Permit Fee.

Changes During Application Process or Permit Term

During the application process, while the application is under review or at any time during the permit term, if a permit is issued, the Medical Marijuana Organization must notify the Department, in writing, of the following:

- Any change in facts or circumstances reflected in the application, or any newly discovered or occurring fact or circumstance which the Department requires to be included in the application, including a change in control.
- Any proposed modification of its plan of operation, including any change to any information provided in the application.

Please note: the Department will only take into consideration the application and attachments that are received on or after July 1, 2024, and postmarked on or before August 2, 2024. Documentation received outside of this submission window process will not be considered in the scoring of your application submission.

VI. SCORING METHODOLOGY

The Act permits the Department to grant or deny a permit to an applicant based upon the criteria specified in section 603(a.1) of the Act:

- (1) The applicant will maintain effective control of and prevent diversion of medical marijuana.
- (2) The applicant will comply with all applicable laws of this Commonwealth.
- (3) The applicant is ready, willing and able to properly carry on the activity for which a permit is sought.
- (4) The applicant possesses the ability to obtain in an expeditious manner sufficient land, buildings and equipment to properly grow, process or dispense medical marijuana.
- (5) It is in the public interest to grant the permit.
- (6) The applicant, including the financial backer or principal, is of good moral character and has the financial fitness necessary to operate.
- (7) The applicant is able to implement and maintain security, tracking, recordkeeping and surveillance systems relating to the acquisition, possession, growth, manufacture, sale, delivery, transportation, distribution or the dispensing of medical marijuana as required by the Department.
- (8) The applicant meets the minimum acceptable scoring requirements set forth in 28 Pa. Code § 1211a.27a.

Pennsylvania Department of Health Application for Approval of a Clinical Registrant

Scoring Rubric

Each section of the application is assigned a maximum number of points, as shown in the tables below. The total possible number of points for a grower/processor permit application and a dispensary permit application is 1,000. The Scoring Matrices for the diversity plan and community impact sections are also attached.

| Grower/Processor Permit Application Scoring | Pass/ Fail | Points per section | Minimum Acceptable Score | Subtotal |
|---|---------------|--------------------------|--------------------------------|----------|
| PART A – Applicant Identification and Facility Information | | | | |
| 1 – Applicant Name, Address and Contact Information | ✓ | | | |
| 2 – Facility Information | ✓ | | | |
| PART B – Diversity Plan | | | | |
| 3 – Diversity Plan | | 100 | | 100 |
| PART C – Applicant Information | | | | |
| 4 – Principals, Financial Backers, Operators and Employees | ✓ | | | |
| 6 – Compliance with Applicable Laws and Regulations | ✓ | | | |
| 7 – Civil and Administrative Action | ✓ | | | |
| PART D – Plan of Operation | | | | |
| 8 – Operational Timetable | | 75 | 31 | |
| 9 – Employee Qualifications, Description of Duties and Training | | 25 | 11 | |
| 10 – Security and Surveillance | | 50 | 21 | |
| 11 – Transportation of Medical Marijuana | | 25 | 11 | |
| 12 – Storage of Medical Marijuana | | 25 | 11 | |
| 13 – Packaging and Labeling of Medical Marijuana | | 25 | 11 | |
| 14 – Inventory Management | | 25 | 11 | |
| 15 – Management and Disposal of Medical Marijuana Waste | | 25 | 11 | |
| 16 – Diversion Prevention | | 50 | 21 | |
| 17 – Growing Practice | | 100 | 41 | |
| 18 – Nutrient and Additive Practices | | 100 | 41 | |
| 19 – Processing and Extraction | | 100 | 41 | |
| 20 – Sanitation and Safety | | 25 | 11 | |
| 21 – Quality Control and Testing for Potential Contamination | ✓ | | | |
| 22 – Recordkeeping | | 25 | 11 | |
| Subtotal | | | | 675 |
| PART E – Applicant Organization, Ownership, Capital and Tax Status | | | | |
| 23 – Organizational Structure | ✓ | | | |
| 24 – Business History and Capacity to Operate | | 75 | 31 | |
| 25 – Current Officers | ✓ | | | |

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

| | | | | |
|---|---|-----|----|-------|
| 26 – Ownership | ✓ | | | |
| 27 – Capital Requirements | ✓ | | | |
| Subtotal | | | | 75 |
| PART F – Community Impact | | | | |
| 28 – Community Impact | | 100 | | 100 |
| ATTACHMENTS | | | | |
| Attachment A: Signature Page | ✓ | | | |
| Attachment B: Organizational Documents | ✓ | | | |
| Attachment C: Property Title, Lease, or Option to Acquire Property Location | ✓ | | | |
| Attachment D: Site and Facility Plan | | 50 | 21 | |
| Attachment E: Personal Identification | ✓ | | | |
| Attachment F: Affidavit of Business History | ✓ | | | |
| Attachment G: Affidavit of Criminal Offense | ✓ | | | |
| Attachment H: Tax Clearance Certificates | ✓ | | | |
| Attachment I: Affidavit of Capital Sufficiency | ✓ | | | |
| Attachment J: Sample Medical Marijuana Product Label | ✓ | | | |
| Subtotal | | | | 50 |
| TOTAL POSSIBLE POINTS | | | | 1,000 |

| Dispensary Permit Application Scoring | Pass/ Fail | Points per section | Minimum Acceptable Score | Subtotal |
|---|---------------|--------------------------|--------------------------------|----------|
| PART A – Applicant Identification and Dispensary Information | | | | |
| 1 – Applicant Name, Address and Contact Information | ✓ | | | |
| 2 – Dispensary Information | ✓ | | | |
| PART B - Diversity Plan | | | | |
| 3 – Diversity Plan | | 100 | | 100 |
| PART C - Applicant Information | | | | |
| 4 – Principals, Financial Backers, Operators and Employees | ✓ | | | |
| 6 – Compliance with Applicable Laws and Regulations | ✓ | | | |
| 7 – Civil and Administrative Action | ✓ | | | |
| PART D – Plan of Operation | | | | |
| 8 – Operational Timetable | | 100 | 41 | |
| 9 – Employee Qualifications, Description of Duties and Training | | 50 | 21 | |
| 10 – Security and Surveillance | | 100 | 41 | |
| 11 – Transportation of Medical Marijuana | | 50 | 21 | |
| 12 – Storage of Medical Marijuana | | 75 | 31 | |
| 13 – Labeling of Medical Marijuana Products | ✓ | | | |
| 14 – Inventory Management | | 75 | 31 | |
| 15 – Diversion Prevention | | 100 | 41 | |
| 16 – Sanitation and Safety | | 50 | 21 | |
| 17 – Recordkeeping | | 75 | 31 | |

Pennsylvania Department of Health Application for Approval of a Clinical Registrant

| | | | | |
|---|---|-----|----|-------|
| Subtotal | | | | 675 |
| PART E – Applicant Organization, Ownership, Capital and Tax Status | | | | |
| 18 – Organizational Structure | ✓ | | | |
| 19 – Business History and Capacity to Operate | | 75 | 31 | |
| 20 – Current Officers | ✓ | | | |
| 21 – Ownership | ✓ | | | |
| 22 – Capital Requirements | ✓ | | | |
| Subtotal | | | | 75 |
| PART F – Community Impact | | | | |
| 23 – Community Impact | | 100 | | 100 |
| ATTACHMENTS | | | | |
| Attachment A: Signature Page | ✓ | | | |
| Attachment B: Organizational Documents | ✓ | | | |
| Attachment C: Property Title, Lease, or Option to Acquire Property Location | ✓ | | | |
| Attachment D: Site and Facility Plan | | 50 | 21 | |
| Attachment E: Personal Identification | ✓ | | | |
| Attachment F: Affidavit of Business History | ✓ | | | |
| Attachment G: Affidavit of Criminal Offense | ✓ | | | |
| Attachment H: Tax Clearance Certificates | ✓ | | | |
| Attachment I: Affidavit of Capital Sufficiency | ✓ | | | |
| Attachment J: Sample Medical Marijuana Product Label | ✓ | | | |
| Subtotal | | | | 50 |
| TOTAL POSSIBLE POINTS | | | | 1,000 |

Diversity Plan Scoring Matrix

- Diversity Plan – Equal Opportunity and Access in Employment (maximum of 75 points).** The following point allocations are in regard to the applicant’s internal business makeup, including ownership, management, and employment, as well as efforts taken in the community or otherwise to increase its diversity and support workforce development.

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

| Points | Applicant's commitment to diversity | Diversity Practices and Goals |
|--------|---|--|
| 61-75 | Exemplary commitment to diversity. | <ul style="list-style-type: none"> ● High percentage of diverse participant principals, operators, financial backers, or owners. ● High percentage of diverse participant employees in management or other leadership roles. ● Plans to use diverse participant employees, including at least one in a leadership role. ● Multiple diverse participants represented across the business. ● Official affirmative action plan to recruit, utilize, and promote diverse participants. ● Adopted internal diversity goals and regularly tracks its progress toward their achievement. ● Consistent efforts to promote diversity such as providing community outreach, mentoring, training or professional development programs or other opportunities to cultivate diversity. ● Regularly participating in outside organizations, i.e., civic and professional groups, that promote diversity. |
| 46-60 | Significant commitment to diversity. | <ul style="list-style-type: none"> ● Moderate percentage of diverse participant principals, operators, financial backers, or owners. ● High percentage of diverse participant employees. ● Plans to use diverse participant employees, including at least one in a leadership role. ● Official affirmative action plan to recruit, utilize, and promote diverse participants. ● Internal diversity goals with tracked progress toward their achievement. ● Regular efforts to promote diversity such as providing or planning to provide community outreach, mentoring, training or professional development programs or other opportunities to cultivate diversity. ● Participating in outside organizations, i.e., civic and professional groups, that promote diversity. |

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

| | | |
|-------|--|---|
| 31-45 | Moderate commitment to diversity. | <ul style="list-style-type: none"> ● Few diverse participant principals, operators, financial backers, or owners. ● Moderate percentage of diverse participant employees. ● Plans to use some diverse participant employees. ● Official affirmative action plan to recruit, utilize, and promote diverse participants. ● Internal diversity goals. ● Moderate efforts to promote diversity such as such as providing or planning to provide community outreach, mentoring, training or professional development programs or other opportunities to cultivate diversity. ● Occasionally participates in outside organizations, i.e., civic and professional groups, that promote diversity. |
| 16-30 | Some commitment to diversity. | <ul style="list-style-type: none"> ● No diverse participant principals, operators, financial backers, or owners. ● Some diverse participant employees. ● Plans to use some diverse participant employees. ● No official affirmative action plan to recruit, utilize, and promote diverse participants. ● No internal diversity goals. ● Sporadic efforts to promote diversity. ● Limited participation in outside organizations, i.e., civic and professional groups, that promote diversity. |
| 1-15 | Nominal commitment to diversity. | <ul style="list-style-type: none"> ● No diverse participant principals, operators, financial backers, or owners. ● Few diverse participant employees. ● No plans to use diverse participant employees. ● No official affirmative action plan to recruit, utilize, and promote diverse participants. ● No internal diversity goals. ● Minimal efforts to promote diversity. ● Limited or no participation in outside organizations, i.e., civic and professional groups, that promote diversity. |

Pennsylvania Department of Health

Application for Approval of a Clinical Registrant

| | | |
|---|--|---|
| 0 | No commitment to diversity. | <ul style="list-style-type: none"> • No diverse participant principals, operators, financial backers, or owners. • No diverse participant employees. • No plans to use diverse participant employees. • No official affirmative action plan to recruit, utilize, and promote diverse participants. • No internal diversity goals. • No efforts to promote diversity. • No participation in outside organizations, i.e., civic and professional groups, that promote diversity. |
|---|--|---|

Total Score for Equal Opportunity and Access in Employment (maximum 75 points) _____

2) **Equal Opportunity and Access in Contracting (maximum 25 points).** The following section is in regard to the applicant’s plan to utilize Diverse Groups in contracting. Diverse Groups include Disadvantaged businesses, Minority-owned businesses, Women- owned businesses, Service-disabled veteran-owned small businesses, and Veteran-owned small businesses that have been certified by a third-party certifying organization (Unified Certification Program (UCP), Woman’s Business Enterprise National Council (WBENC), National Minority Supplier Development Council (NMSDC), United States Small Business Administration (SBA) 8(a) Program, and Vets First Verification Program (vetbiz.gov)) or that have been verified by the Department of General Services’ Bureau of Diversity, Inclusion and Small Business Opportunities. **Applicants must provide proof of current Diverse Group status.**

Total available points are based upon percentage of revenues to be paid to Diverse Groups for the full permit term.

Total percentage of revenues to be paid to Diverse Groups for the full permit term:

_____ ÷ 4 = _____

**Total Score for Equal Opportunity and
Access in Contracting (maximum 25
points) _____**

Total overall Diversity Plan score: _____ /100 total points

Pennsylvania Department of Health
Application for Approval of a Clinical Registrant

Community Impact Scoring Matrix

| Category | Score |
|--|-------------------|
| <p>Job Creation (maximum of 20 points)</p> <p>This category will be scored based on the level of impact on the municipality in which the site and facility is located, depending on the following factors:</p> <p>Size of the Municipality</p> <p>Size of the Site and Facility</p> <p>Number of Jobs Created (or Projected to be Created)</p> <p>The Number of Jobs Created (or Projected to be Created) is Reasonable Based on the Proposed Site and Facility</p> <p>Potential for Future Growth</p> <p>The Potential for Future Growth is Reasonable Based on the Proposed Site and Facility</p> | <p>_____ / 20</p> |
| <p>Site Selection (maximum of 40 points)</p> <p>This category will be scored based on the following factors:</p> <p>Whether the site and facility will be located in an Act 47 financially distressed municipality as of February 2020(see attached list)</p> <p>Whether the site and facility are the redevelopment of a brownfield or a vacant, previously utilized site or building</p> | <p>_____ / 40</p> |
| <p>Need for Economic Development (maximum of 15 points)</p> <p>This category will be scored based on the unemployment rate in the municipality (or the unemployment rate of the county if the municipality unemployment rate is unavailable) in which the site and facility is located.</p> <p>The unemployment rate will be compared to the Pennsylvania state unemployment average of 4.2%. Unemployment rates may be found at the following website: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml</p> <p>This category will be scored as follows:</p> | |

Pennsylvania Department of Health Application for Approval of a Clinical Registrant

| | |
|---|---|
| <p>Municipality in which the site and facility is located has an unemployment rate 25% or greater than the state average: 11-15 points</p> <p>Municipality in which the site and facility is located has an unemployment rate from 1% to 24% above the state average: 6-10 points</p> <p>Municipality in which the site and facility is located has an unemployment rate equal to or lower than the state average: 0-5 points</p> | <p>_____/ 15</p> |
| <p>Priority Points (maximum of 25 points)</p> <p>This category will be scored based on community initiatives that include, but are not limited to, the following factors:</p> <p>Charitable Giving</p> <p>Community events</p> <p>University-community partnerships</p> <p>Job training in the medical marijuana field</p> <p>Existence of a Labor Peace Agreement</p> | <p>_____/ 25</p> <p>TOTAL SCORE:</p> <p>_____/100 points</p> |