

**C&C Compassion Center of Delaware, Inc.**

**Proposal In Response To**

**Request for Proposal No. HSS 13 056**

**For The Registration and Operation  
Of A Medical Marijuana Compassion Center  
In the State of Delaware  
For The Division of Public Health  
Delaware Health and Social Services**

**Applicants:**

**Yvonne F. Coleman**

29 Del.C. Ch. 100 Freedom of Information Act



**Elizabeth A. Cusack**



**Designated Contact Person:**

Elizabeth A. (Libby) Cusack  
Partner

**Bid Opening Date:** April 8, 2014 at 11:00AM

***C&C Compassion Center of Delaware, Inc.***

29 Del.C. Ch. 100 Freedom of Information Act

April 8, 2014

Procurement Administrator  
Division of Management Services - DE Health and Social Services  
Main Administration Building, Sullivan Street, 2<sup>nd</sup> Floor Room 257  
1901 North DuPont Highway  
New Castle, DE 19720

Ref.: Proposal Submission for: HSS 13 056

To Whom It May Concern:

We – Yvonne F. Coleman and Elizabeth A. (Libby) Cusack - of C&C Compassion Center of Delaware, Inc. respectfully submit our proposal to the State of Delaware (DHSS) today to open the first “pilot” medical marijuana compassion center. C&C Compassion Center of Delaware, Inc. will operate as a State of Delaware non-profit corporation.

Our mission is to provide high quality medical marijuana and education to patients and caregivers approved with a Delaware-issued registry identification card. Because this is a new and very promising area of development, both in Delaware and throughout the country, C&C Compassion Center of Delaware, Inc. welcomes the opportunity to work closely with the State of Delaware’s Office of Medical Marijuana (Department) in an effort to develop an exemplary model with rules and regulations designed to best serve the state of Delaware.

Our vision, which incorporates the requirements of the State of Delaware RFP, includes the following:

- A newly designed, progressive, and professional facility located in a safe and welcoming farming community.
- Capacity for exponential growth to meet the needs of patients throughout the state.
- A holistic approach to health, wellness, and compassion.
- Highly qualified staff with a professional presentation and a passion for helping others.
- Education of product, strain, use, etc. based on the specific need of each patient.
- Community-based education designed to reach the medical profession and the numerous communities that could possibly benefit from medical marijuana.
- Employee, patient, and caregiver education to ensure understanding of the Federal Justice Department concerns (i.e., prohibiting access to minors, preventing diversion to gangs/cartels, etc.).
- Safe cultivation, testing, and dispensing of quality, medical grade marijuana to approved cardholders, offering multiple strains and delivery methods.
- Minimize risk of theft and diversion of marijuana through multiple levels of physical and data security.
- Partner with research organizations to focus on the uses and increased effectiveness of medical marijuana.
- Partnering with the Department to establish performance and security measures for use in management, operations, and decision-making.
- Monitor cannabinoid performance for each of our patients.

So why, you might ask, do these two native Delawarean women want to open Delaware’s first compassion center?

We have watched far too many family members and close friends suffer from significant health issues, including those listed on the approved Debilitating Medical Condition list, that could have benefited from the medicinal properties of marijuana. It is important that the residents of Delaware have access to education and to acquire the medicine they need to best address their debilitating medical conditions. We are fully committed to doing what is in the best interest of our state and the patients who will benefit from medical marijuana. We want it done right!

When Libby's daughter, Olivia Cusack, was just six months old, she suffered from infantile spasms. Olivia was diagnosed with a very rare brain malformation, and as a result, Olivia is developmentally delayed and has since suffered from uncontrolled seizures. Over the years, she has been on numerous antiepileptic pharmaceuticals, a rigorous diet therapy, and had vagus nerve stimulator (VNS) surgery. Nothing has reduced or stopped her seizures. The seizures and the medicines impede Olivia's development, and the medicines cause horrendous side effects, such as aggressive behaviors, negative OCD behaviors, excessive drowsiness, and facial ticks, to name a few. Over the last 20 years, Olivia's daily seizure types and frequency have increased to the point that she now wears a protective helmet to reduce the number of head injuries and trips to the ER due to her seizures. She also requires someone near her at all times to ensure her safety.

In August 2013, Libby read the CNN article "Marijuana stops child's severe seizures" with Dr. Sanjay Gupta announcing his support of medical marijuana. The thought of obtaining a low THC form (low psychoactive effect) of marijuana in an oil format (not smoked) to possibly reduce or subside her daughter's seizures excited Libby. With very limited other alternatives, she began investigating medical marijuana options in Delaware for Olivia. Based on her research, she submitted patient and caregiver applications in August 2013 to obtain Delaware registry identification cards for Olivia and herself. She quickly realized that the cards were of no use. There was no legal option to purchase medical marijuana in Delaware.

During the fall of 2013, Libby continued her extensive research on medical marijuana, which included contacting the Realm of Caring in Colorado Springs (showcased in the CNN article and documentary). She learned that the Realm of Caring was already established and much more progressive than Delaware in their approach and product offering (producing high CBD/low THC plants and dispensing in oil formats). In November 2013, Libby seriously considered moving her family to Colorado to have Olivia try the Realm of Caring's "Charlotte's Web" medical marijuana strain. Why should anyone have to move their entire family across the country to get medicine for their loved ones?

In November 2013, Libby mentioned the CNN documentary and thoughts of moving to Colorado to Yvonne. After additional discussions and further research, we (Libby and Yvonne) decided to respond to the Delaware Medical Marijuana Compassion Center RFP. We believe that our combined knowledge, skills, and experience make us the perfect team to start and grow this business. Yvonne has 25+ years of experience in floral industry ownership/management/operations, gardening and horticulture, and farm ownership/management, as well as several years of state contract management. Libby has 10+ years experience working in quality standards, systems/data security, project management, and experience working in retail as a pharmacy technician.

We care deeply about the direction of medical marijuana in our state. Both of us have worked in the disability community in professional and volunteer capacities for many years. Libby's daughter, Olivia, has uncontrolled seizures that may or may not be treatable with medical marijuana. What started as a parent's love for her child has grown into something much bigger. From our experiences, we are passionate and dedicated to this initiative because we truly believe in the benefits of medical marijuana for people with debilitating medical conditions, which include Cancer, HIV/AIDS, PTSD, and severe debilitating pain – to name a few.

Once we decided to move forward with this initiative our passion propelled us to learn as much as possible about the safe and efficient cultivation, harvesting, packaging, labeling and distribution of

medical marijuana. We met with the CEO of the Compassionate Care Foundation in New Jersey and toured his seed to sale facility located in an old warehouse. We visited several medical and recreational retail centers in Colorado, including the well-publicized Realm of Care dispensary highlighted in the CNN "Weed" documentaries, and we spoke with owners and managers of these centers about their operations. We also visited the much publicized Stanley Brothers farm located in Colorado and were given a complete tour and overview on their grow strategies to service their hundreds of medical marijuana customers. Based on our research, our backgrounds, and our deep roots in Delaware, we strongly believe that this industry needs to be directly connected to the agricultural/farming community, which will enable us to move quickly in a direction that promotes a healthy cultural change and a positive reflection on our state.

Being selected for Delaware's pilot compassion center and establishing C&C Compassion Center of Delaware, Inc. is the first step in our long-term vision. A separate non-profit organization (name TBD) is in the process of being established, which will focus on health and well-being and will benefit from the realized profits of our compassion center. This separate entity is a farming/employment/healthy living venue (very similar to the new vision of Secretary Landgraf for the Stockley Center), which will be physically located near our compassion center (on the same agricultural property) giving our patients convenient access to healthy food and much more. The vision of the health and well-being entity includes:

- Inclusive employment opportunities for people with and without disabilities
- Inclusive education, experience, and training for people with and without disabilities
- Growing and harvesting (responsibly raised) local and organic agricultural products
- Alternative health and wellness services and education (to complement conventional care)
- A Community Supported Agriculture program (CSA)
- A farm market, healthy café, and farm to table events
- Therapeutic animal programs
- Housing options

We plan to open our compassion center doors with a model that is holistic, socially responsible, and economically sustainable. We believe that by "doing the right thing" our model will set the stage for the responsible expansion of medical marijuana in the State of Delaware. We are excited about the opportunity to partner and collaborate with the Department, make a difference for others, change culture, and contribute to economic growth in our state.

In response to requirements noted on page 48 & 49 of the RFP, Appendix C "Bidders Signature Form", Appendix D "Certification Sheet", and Appendix E "Statement of Compliance Form" are completed and signed. These documents are enclosed in hardcopy format with original signatures and in PDF format on the CDs.

Per page 49 of the RFP, C&C Compassion Center of Delaware, Inc. confirms that:

- All addenda posted on the RFP website (bids.delaware.gov) relative to this RFP has been reviewed.
- We understand that the proposal remains effective for a two year period.
- We agree to obtain a Delaware business license when awarded the contract.
- Our pricing was obtained without collusion.

Respectfully Submitted,

29 Del.C. Ch. 100 Freedom of Information Act

  
Yvonne F. Coleman  
Partner  
C&C Compassion Center of Delaware, Inc.

29 Del.C. Ch. 100 Freedom of Information Act

  
Elizabeth A. Cusack  
Partner  
C&C Compassion Center of Delaware, Inc.

**A. Application Fee**

Per Page 40 of the RFP, attached is a copy of the non-refundable application fee, in the form of a check made payable to DPH Medical Marijuana Program, in the amount of five thousand dollars (\$5,000). The original check is enclosed.

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**B. Appendix C: Bidders Signature Form**

Per Page 40 of the RFP, please see Appendix C – Bidders Signature Form below and a hard copy of the form enclosed.



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**BIDDERS SIGNATURE FORM**

NAME OF BIDDER: Yvonne F. Coleman and Elizabeth A. Casack  
SIGNATURE OF AUTHORIZED PERSON: 29 Del.C. Ch. 100 Freedom of Information Act  
TYPE IN NAME OF AUTHORIZED PERSON: Elizabeth A. Casack  
TITLE OF AUTHORIZED PERSON: Partner  
STREET NAME AND NUMBER: 29 Del.C. Ch. 100 Freedom of Information Act  
CITY, STATE, & ZIP CODE: 29 Del.C. Ch. 100 Freedom of Information Act  
CONTACT PERSON: Elizabeth A. Casack  
TELEPHONE NUMBER: 29 Del.C. Ch. 100 Freedom of Information Act  
FAX NUMBER: N/A  
DATE: 4/7/2014  
BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER: N/A

**THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:**

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) B+C Compassion Center of Delaware, Inc. HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTI-TRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING TO THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

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**C. Title Page**

**C&C Compassion Center of Delaware, Inc.**

**Proposal In Response To**

**Request for Proposal No. HSS 13 056**

**For The Registration and Operation  
Of A Medical Marijuana Compassion Center  
In the State of Delaware  
For The Division of Public Health  
Delaware Health and Social Services**

**Applicants:**

Yvonne F. Coleman

29 Del.C. Ch. 100 Freedom of Information Act

[Redacted]

Cell Phone: [Redacted]

Elizabeth A. Cusack

[Redacted]

Cell Phone: [Redacted]

**Designated Contact Person:**

Elizabeth A. (Libby) Cusack  
Partner

**Bid Opening Date:** April 8, 2014 at 11:00AM

**D. Table of Contents**

Following Format/Lettering as required on Page 40 of the RFP Document.

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**E. Confidential Information**

C&C Compassion Center of Delaware, Inc. acknowledges that as noted on Page 40 of Request for Proposal No. HSS 13 056 – Section E. Confidential Information, “Per Section 4920A Confidentiality of the Act, none of the proposal information will be subject to the Freedom of Information Act (FOIA). All portions of the proposal can be placed on a single CD for submission purposes.”

However, Page 52 of RFP HSS 13 056 – Section R. Confidentiality and Debriefing, states “After award of the contract, all responses, documents, and materials submitted by the offer or pertaining to this RFP will be considered public information and will be made available for inspection, unless otherwise determined by the Director of Purchasing, under the laws of the State of Delaware.” This statement is contrary to the statement on Page 40 as noted above. C&C Compassion Center of Delaware, Inc. considers this entire Proposal document to be exempt from Delaware’s Freedom of Information Act due to the sensitive nature and the potential security risk related to non-State employees learning of the marijuana growing location building specifications, details of security, inventory schedules, inventory amounts, and personal security data of C&C Compassion Center of Delaware, Inc. agents. We request great care be given so that the information in this proposal is not made available to the general public.

**F. Qualifications and Experience**

Per Page 41 of the RFP, a Delaware Business License will be secured during the contract negotiation process.

**1. Organizational Structure**

- a. Proposed Legal Name of Compassion Center: C&C Compassion Center of Delaware, Inc.
- b. Charles J. Durante, Partner – Connolly Gallagher LLP in Wilmington, Delaware has reserved the name “C&C Compassion Center of Delaware, Inc.” and will obtain a certificate of incorporation for our “pilot” Compassion Center once we are selected. Please see the following memo from Charles Durante.
- c. Charles J. Durante will submit our not-for-profit application once we have been selected for Delaware’s pilot Compassion Center. See the following memo from Charles. To establish and maintain the not-for-profit character of C&C Compassion Center of Delaware, Inc., our designated non-profit charity (501c3 – Name TBD) will be a farming/employment/healthy living venue located near our Compassion Center that will benefit our patients, the community, and people with and without disabilities.
- d. Please see the following proposed, draft Operating Bylaws.

1000 West Street  
Suite 1400  
Wilmington, DE 19801  
www.connollygallagher.com

Charles J. Durante  
Partner  
(302) 888-6280  
cdurante@connollygallagher.com

CONNOLLY  
GALLAGHER

April 7, 2014

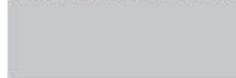
Division of Public Health  
1901 N. DuPont Highway  
New Castle, Delaware 19720

**Re: C&C Compassion Center of Delaware Inc.**

To the Director and Staff:

I write to confirm that the foregoing Delaware non-profit corporation will be formed forthwith upon approval by the Division of the pending application under Title 16 Chapter 49A. The corporation will be structured to qualify for recognition of tax-exempt charitable status by the Internal Revenue Service. No earnings of the corporation may inure to the benefit of any private person, and all of the operations of the corporation will be required to be devoted to charitable purposes, in this case to providing compassionate care described in Chapter 49A for those with debilitating medical conditions described therein, and to support programs that provide employment and training to people with disabilities. The certificate of incorporation and the by-laws shall be in the form attached. It is anticipated that a ruling on the tax exempt status of the applicant would be known by the end of 2014.

Yours sincerely,  
29 Del.C. Ch. 100 Freedom of Information Act



/ld  
Enclosures



**CERTIFICATE OF INCORPORATION  
OF  
C&C COMPASSION CENTER OF DELAWARE INC.**

The undersigned Incorporators, in order to form a corporation under the General Corporation Law of Delaware, certifies as follows:

**ARTICLE ONE.** The name of the Corporation is C&C Compassion Center of Delaware Inc. (the "Corporation").

**ARTICLE TWO.** The registered address of the Corporation is [REDACTED] <sup>29 Del.C. Ch. 100 Freedom of Information Act</sup>. The Corporation's registered agent at that address is the Corporation.

**ARTICLE THREE.** The Corporation shall have no capital stock. The Corporation is a nonprofit organization organized and operated exclusively for charitable, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding provision of any subsequent Federal tax laws (the "Code").

**ARTICLE FOUR**

The purposes of the Corporation are:

- (1) To provide compassionate care described in Title 16 Delaware Code, Chapter 49A for persons with debilitating medical conditions described therein;
- (2) To provide opportunity and support to disabled persons with debilitating medical conditions;
- (3) To do such acts and carry on such business as may be permitted of nonprofit corporations under the General Corporation Law and other laws of the State of Delaware, in order to accomplish charitable and educational purposes of the Corporation; and
- (4) To solicit, receive and administer funds, grants and property for the charitable and educational purposes of the Corporation.

**ARTICLE FIVE**

The Incorporators of the Corporation are Yvonne F. Coleman, <sup>29 Del.C. Ch. 100 Freedom of Information Act</sup> [REDACTED], and Elizabeth A. Cusack, <sup>29 Del.C. Ch. 100 Freedom of Information Act</sup> [REDACTED].

**ARTICLE SIX**

The direction of the management of the affairs of the Corporation, and the control and disposition of its property and funds, shall be vested in the Board of Directors (the "Board") of the Corporation. The number, qualifications, election, tenure, powers and duties of the Board shall be as provided in the Bylaws.

**ARTICLE SEVEN**

(1) The Corporation shall have one class of Members. The Members shall be elected in accordance with the Bylaws.

(2) The Members shall have the power to make, adopt, alter or repeal, from time to time, Bylaws and regulations for the orderly operation of the Corporation.

**ARTICLE EIGHT**

(1) No part of the earnings, capital or property of the Corporation shall ever inure to the benefit of or be distributable to any Member, Director, officer, contributor or any other individual having a personal or private interest in the activities of the Corporation.

(2) No Member or Director shall receive or be lawfully entitled to receive any pecuniary profit from the Corporation; provided, however, that any Member or Director may be paid reasonable compensation for services actually rendered or reimbursed for expenses incurred in carrying out the purposes of the Corporation.

(3) No substantial part of the activities of the Corporation shall ever be for the carrying on of propaganda or otherwise attempting to influence legislation.

(4) The Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

(5) The Corporation shall not be authorized to accept gifts or contributions for any purpose other than those stated in Article Four.

(6) If the Corporation is ever classified as a private foundation under the Code, then:

(A) The Corporation shall not engage in any act of self-dealing as defined in §4941(d) of the Code;

(B) The Corporation shall distribute its income for each taxable year at such time and in such manner so as not to become subject to the tax on undistributed income imposed by §4942 of the Code;

(C) The Corporation shall not retain any excess business holdings as defined in §4943(c) of the Code;

(D) The Corporation shall not make any investments in any manner as to subject it to tax under §4944 of the Code; and

4945(d) of the Code.

#### **ARTICLE NINE**

No Member, Director, officer or employee of the Corporation shall be personally liable for the payment of the debts of the Corporation, except as such Member, Director, officer or employee may be liable by reason of his or her own conduct or acts.

#### **ARTICLE TEN**

No Director of the Corporation shall have any personal liability to the Corporation or its Members for monetary damages for breach of fiduciary duty as a Director; provided, however, that nothing herein shall eliminate or limit the liability of a Director: (1) for any breach of the Director's duty of loyalty to the Corporation or its Members; (2) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) under Section 174 of the Delaware General Corporation Law; or (4) for any transaction from which the Director derived an improper personal benefit.

#### **ARTICLE ELEVEN**

The Board may, by a majority of the whole Board, designate one or more committees, with each committee to consist of one or more of the Directors. Any such committee, to the extent provided in the resolution of the Board or in the Bylaws, shall have and may exercise all of the powers and authority of the Board in the management of the Corporation, and may authorize the seal of the Corporation to be affixed to all papers which may require it. The Board may designate one or more Directors as alternate members of any such committee to replace any absent or disqualified member at any meeting of the committee. The Bylaws may provide that, in the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not he or they constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

#### **ARTICLE TWELVE**

In the event of the liquidation, dissolution or winding up of the Corporation, whether voluntary, involuntary or by operation of law, except as may be otherwise provided by law, the Board shall distribute all of the assets of the Corporation in such manner as the Board, in its absolute and uncontrolled discretion, may by a majority vote determine; provided, however, that any such

distribution of assets shall be made to one or more organizations which are then exempt from tax as organizations described in §501(c)(3) of the Code or corresponding provisions of any subsequent Federal tax laws, and to which, at the time of such distribution, contributions are deductible under the provisions of §§ 170, 2055 and 2522 of the Code.

**ARTICLE THIRTEEN**

The Corporation reserves the right to amend or change any provision contained in this Certificate of Incorporation in the manner now or hereafter prescribed by applicable statute, and all rights conferred herein are granted subject to this reservation; provided, however, that no amendment or other change shall be allowed to authorize the Board of Directors to manage the property of the Corporation or to conduct the affairs of the Corporation in any manner or for any purpose contrary to the provisions of Section 501(c)(3) of the Code.

IN WITNESS WHEREOF, this Certificate has been executed by the Incorporators.

\_\_\_\_\_  
Yvonne F. Coleman  
Incorporator

\_\_\_\_\_  
Elizabeth A. Cusack  
Incorporator

**BY-LAWS  
OF  
C&C COMPASSION CENTER OF DELAWARE INC.**

**ARTICLE I - Members**

Section 1.1. Number; Qualifications. The Members of the Corporation at any time shall be such persons who are then serving on the Board of Directors.

**ARTICLE II - Board of Directors**

Section 2.1. Number; Qualifications. The Board of Directors shall consist of one or more individuals, the number thereof to be determined from time to time by resolution of the Board of Directors.

Section 2.2. Election; Resignation; Removal; Vacancies. The Board of Directors shall be comprised of the individuals elected to serve as directors by the Board of Directors. Any director shall serve a term of such duration and under such conditions as provided in any resolution of the Board of Directors, as such resolution may be amended from time to time. Any director may resign at any time upon written notice to the Board of Directors.

Section 2.3. Regular Meetings. Regular meetings of the Board of Directors may be held at such places within or without the State of Delaware and at such times as the Board of Directors may from time to time determine, and if so determined notices thereof need not be given.

Section 2.4. Special Meetings. Special meetings of the Board of Directors may be held at any time or place within or without the State of Delaware whenever called by the President, the Vice President or the Secretary of the Board of Directors. Notice of a special meeting of the Board of Directors shall be given by the person or persons calling the meeting at least forty-eight (48) hours before the special meeting.

Section 2.5. Telephonic Meetings Permitted. The Board of Directors, or any committee designated by the Board of Directors, may participate in a meeting thereof by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this by-law shall constitute presence in person at such meeting.

Section 2.6. Quorum; Vote Recruited for Action. At all meetings of the Board of Directors a majority of the whole Board of Directors shall constitute a quorum for the transaction of business. Except in cases in which the certificate of incorporation or these by-laws otherwise provide, the vote of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

Section 2.7. Organization. Meetings of the Board of Directors shall be presided over by the President, or in his or her absence by a chairman chosen at the meeting. The Secretary shall act as secretary of the meeting, but in his or her absence the chairman of the meeting may appoint any person to act as secretary of the meeting.

Section 2.8. Informal Action by Directors. Unless otherwise restricted by the certificate of incorporation or these by-laws, any action required or permitted to be taken at any meeting of the Board of Directors, or of any committee thereof, may be taken without a meeting if all Directors all members of such committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board of Directors or such committee.

### **ARTICLE III - Committees**

Section 3.1. Committees. The Board of Directors may, by resolution passed by a majority of the whole Board of Directors, designate one or more committees, each to consist of one or more of the directors of the Corporation. The Board of Directors may designate one or more directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee. In the absence or disqualification of a member of the committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not they constitute a quorum, may unanimously appoint another Director to act at the meeting in place of any such absent or disqualified member. Any such committee, to the extent permitted by law and to the extent provided in the resolution of the Board of Directors, shall have and may exercise all the powers and authority of the Board of Directors in the management of the business and affairs of the Corporation, and may authorize the seal of the Corporation to be affixed to all papers which may require it.

Section 3.2. Committee Rules. Unless the Board of Directors otherwise provides, each committee designated by the Board of Directors may make, alter and repeal rules for the conduct of its business. In the absence of such rules each committee shall conduct its business in the same manner as the Board of Directors conducts its business pursuant to Article II of these by-laws.

### **ARTICLE IV - Officers**

Section 4.1. Executive Officers; Election; Qualifications; Term of Office; Resignation; Removal; vacancies. The Board of Directors shall elect a President and Secretary, and it may, if it so determines, choose a Chairman of the Board and a Vice Chairman of the Board from among the Directors. The Board of Directors may also choose one or more Vice Presidents, one or more Assistant Secretaries, a Treasurer and one or more Assistant Treasurers. Each such officer shall hold office until the first meeting of the Board of Directors after the annual meeting of directors next succeeding his or her election, and until his or her successor is elected and qualified or until his or her earlier resignation or removal. Any officer may resign at any time upon written notice to the Corporation. The Board of Directors may remove any officer with or without cause at any time, but such removal shall be without prejudice to the contractual rights of such officer, if any, with the Corporation. Any number of offices may be held by the same person. Any vacancy occurring in any office of the Corporation by death, resignation, removal or otherwise may be filled for the unexpired portion of the term by the Board of Directors at any regular or special meeting.

4.2. Powers and Duties of Executive Officers. The officers of the Corporation shall have such powers and duties in the management of the Corporation as may be prescribed by the Board

of Directors and, to the extent not so provided, as generally pertain to their respective offices, subject to the control of the Board of Directors. The Board of Directors may require any officer, agent or employee to give security for the faithful performance of his or her duties.

#### **ARTICLE V - Indemnification**

Section 5.1. Right to Indemnification. The Corporation may, by resolution of the Board of Directors, indemnify and hold harmless, to the fullest extent permitted by applicable law as it presently exists or may hereafter be amended, any person who was or is made or is threatened to be made a party or is otherwise involved in any action, suit or proceeding, whether civil, criminal, administrative or investigative (a "proceeding") by reason of the fact that he or she is or was a Director, officer, employee or agent of the Corporation, or a representative of any of the foregoing, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation or of a partnership, joint venture, trust, enterprise or non-profit entity, against all liability and loss suffered and expenses reasonably incurred by such person.

Section 5.2. Prepayment of Expenses. Such resolution of the Board of Directors may authorize the Corporation to pay the expenses incurred in defending any proceeding in advance of its final disposition, provided, however, that the payment of expenses incurred by a director or officer in advance of the final disposition of the proceeding shall be made only upon receipt of an undertaking by the director or officer to repay all amounts advanced if it should be ultimately determined that the director or officer is not entitled to be indemnified under this Article or otherwise.

Section 5.3. Non-Exclusivity of Rights. The rights conferred on any person by this Article IV shall not be exclusive of any other rights which such person may have or hereafter acquire under any statute, provision of the certificate of incorporation, these by-laws, agreement, vote of directors or otherwise.

Section 5.4. Amendment or Repeal. Any repeal or modification of the foregoing provisions of this Article IV shall not adversely affect any right or protection hereunder of any person in respect of any act or omission occurring prior to the time of such repeal or modification.

#### **ARTICLE VI - Miscellaneous**

Section 6.1. Fiscal Year. The fiscal year of the Corporation shall be determined by resolution of the Board of Directors.

Section 6.2. Seal. The corporate seal shall have the name of the Corporation inscribed thereon and shall be in such form as may be approved from time to time by the Board of Directors.

Section 6.3. Waiver of Notice of Meetings of Directors and Committees. Any written waiver of notice, signed by the person entitled to notice, whether before or after the time stated therein, shall be deemed equivalent to notice. Attendance of a person at a meeting shall constitute a waiver of

notice of such meeting, except when the person attends a meeting for the express purpose of objecting, at the beginning of the meeting, to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of any regular or special meeting of the Directors, or a committee of Board of Directors need be specified in any written waiver of notice.

Section 6.4. Interested Directors; Quorum. No contract or transaction between the Corporation and one or more of its directors or officers, or between the Corporation and any other corporation, partnership, association, or other organization in which one or more of its directors or officers are directors or officers, or have a financial interest, shall be void or voidable solely for this reason, or solely because the director or officer is present at or participates in the meeting of the Board of Directors or committee thereof which authorizes the contract or transaction, or solely because his, her or their votes are counted for such purpose, if: (1) the material facts as to his or her relationship or interest and as to the contract or transaction are disclosed or are known to the Board of Directors or the committee, and the Board of Directors or committee in good faith authorizes the contract or transaction by the affirmative votes of a majority of the disinterested directors, even though the disinterested directors be less than a quorum; or (2) the contract or transaction is fair as to the Corporation as of the time it is authorized, approved or ratified, by the Board of Directors or a committee thereof. Common or interested directors may be counted in determining the presence of a quorum at a meeting of the Board of Directors or of a committee which authorizes the contract or transaction.

Section 6.5. Form of Records. Any records maintained by the Corporation in the regular course of its business, books of account, and minute books, may be kept on, or be in the form of, punch cards, magnetic tape, photographs, microphotographs, or any other information storage device, provided that the records so kept can be converted into clearly legible form within a reasonable time. The Corporation shall so convert any records so kept upon the request of any person entitled to inspect the same.

Section 6.6. Amendment of By-Laws. These by-laws may be altered or repealed, and new by-laws made, by the Board of Directors.

Adopted by the Members of the Corporation on \_\_\_\_\_, 2014.

\_\_\_\_\_  
Secretary

## F. Qualifications and Experience

### 2. Agents of the Compassion Center and Organization

#### Yvonne F. Coleman: Co-Owner

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act  
DOB: [REDACTED]
  - b. Criminal Background Check (See attached after resume.)
  - c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

#### Resume:

##### Professional Summary

Development/management professional with extensive experience in the following areas: Business development; contract development and oversight; program development; program implementation; administration; financial management; staff supervision; staff development; sales and marketing. Specialized knowledge and experience in non-profit and disability related issues with a focus on health and nutrition.

##### Professional Experience

2011 - Present Thrive - Real Life Independence Middletown DE  
Director of Programs and Services

Responsible for development and oversight of Employment Program and Community Based Day Programming for adults with intellectual/cognitive/learning disabilities. Responsibilities include:

- Business and program development/management
- Coordinate programming with Delaware Division of Vocational Rehabilitation and Delaware Division of Developmental Disabilities, and CEO of Healthcare Operations Management Enterprises
- Develop proposals and write grants, manage contracts and grants, seek additional funding to support programming
- Train, manage, and support program staff and volunteers
- Keep apprised of disability related issues, laws, and regulations

2009 - 2011 The Arc of Delaware Wilmington DE

Director of Employment and Special Education Advocacy  
Responsible for oversight of Employment Program for adults with intellectual/cognitive/learning disabilities and Special Education Advocacy Program for families of school age children with disabilities.

Responsibilities included:

- Program development and management
- Coordinate programming with Delaware Division of Vocational Rehabilitation and Delaware Division of Developmental Disabilities, The Arc of Delaware Program Services Committee, The Arc of Delaware Parent Mentor Committee, Bank of America Support Services, Delaware Care Plan, Delaware Department of Education, and The Arc of Delaware Executive Director
- Develop proposals and write grants, manage contracts and grants, seek additional funding to support programming
- Train, manage, and support program staff and volunteers

- Recruit committee members
- Keep apprised of disability related issues, laws, and regulations (including special education)

2007 - 2009                      The Arc of Delaware                      Wilmington DE  
Employment Coordinator

Responsible for oversight of Employment Program for adults with intellectual/cognitive/learning disabilities. Responsibilities included:

- Program development and management
- Coordinate programming with Delaware Division of Vocational Rehabilitation and Delaware Division of Developmental Disabilities, The Arc of Delaware Program Services Committee, and The Arc of Delaware Executive Director
- Manage contracts and grants, proposal and grant writing, and seek additional funding to support programming
- Train, manage, and support program staff and volunteers
- Recruit committee members

2005 - 2009                      The Arc of Delaware                      Wilmington DE  
Parent Mentor Coordinator

Responsible for oversight of Special Education Advocacy Program for families of school age children with disabilities. Responsibilities included:

- Program development and management
- Coordinate programming with The Arc of Delaware Parent Mentor Committee, and The Arc of Delaware Executive Director
- Manage grants, proposal and grant writing, and seek additional funding to support programming
- Provide special education advocacy support to families
- Train, manage, and support program staff and volunteers
- Keep apprised of special education laws and regulations

1999 - 2011                      Appoquinimink Construction, Inc.                      Townsend DE  
Vice-President

Responsible for oversight of small residential and commercial construction business including financial operations, accounting, budgeting, payroll, taxes, negotiations with sub contractors and vendors, and implementation of business plan.

1998 - 2005                      The Arc of Delaware                      Wilmington DE  
Parent Mentor

Part time as needed position. Responsible for providing special education advocacy support to families of school age children with disabilities, and keeping apprised of special education laws and regulations.

1979 - 2002                      The Bouquet Shoppe                      Middletown DE  
Owner-Operator

Responsible for oversight of retail floral business, all day-to-day operations, and implementation of business plan.

Education	<p><b>Institute for Integrative Nutrition</b> 2008 Graduate <b>Teachers College Columbia University</b> 2008 Certified Health Counselor <b>Intensive Parent Mentor Training</b> 1998 Certified Parent Mentor - State of Delaware <b>Numerous Conferences, Certifications/Trainings on Disability Related Issues</b> 1984- 2011</p>	<p><b>New York NY</b> <b>New York NY</b> <b>Dover DE</b></p>
Past Volunteer Experience	<p>Homes for Life Board Member DFRC Blue Gold Committee Special Olympics Delaware Middletown High School Summer Hockey Coach Founding Member/Chair Appoquinimink School District Special Education Advisory Board MOT Soccer Coach Founding Member/Chair Cub Scout Pack 351</p>	



Background Check pages redacted pursuant to 29 Del.C. Ch.100 Freedom of Information Act

Background Check pages redacted pursuant to 29 Del.C. Ch.100 Freedom of Information Act

**Elizabeth A. Cusack: Co-Owner**

a. Address: 29 Del.C. Ch. 100 Freedom of Information Act

DOB: 29 Del.C.

- b. Criminal Background Check (See attached after resume.)
- c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

**Resume:**

**QUALIFICATIONS SUMMARY:**

- In-depth experience managing administrative development projects related to new hire integration, personnel compensation analysis, promotion planning, performance review management, and career development planning.
- Project Manager with 10+ years experience in credit card/banking industry managing, directing, and controlling technology projects through the full system development life cycle.
- Program Director and Project Management experience in non-profit industry.
- Dedicated, hard-working, results-focused individual with a strong attention to detail.
- Strong organizational, planning, communication, facilitation, and time management skills.
- Work well independently, within a team environment, and with cross-functional teams.
- Proficient in using Microsoft Office (Word, Excel, PowerPoint, Project), Visio, Windows and MAC OS X.

**EXPERIENCE:**

**Special Olympics Delaware, Newark DE**

**2001-2013**

**Program Director for the Newark Lightning Team - Volunteer (2001-2013)**

Managed and directed a 100+ member community-based co-ed team of teenage & young adult athletes (individuals with intellectual disabilities), peer partners, and volunteer coaches. Coordinated, led, and managed the efforts of the team in year-round sports (including soccer, basketball, track, swimming, cycling, and bowling) to build sport skills and to improve confidence, strength, and self-esteem of the athletes. Accountable for team planning and preparation prior to each competition. Recruited, trained, and supervised team volunteers, including qualified coaches. Ensured policies and procedures were followed for athlete physicals and volunteer background checks, managed the logistics for each sport, communicated practice and tournament details to the families, and ensured the safety of the team. Liaison between Special Olympics Delaware and the Newark Lightning delegation to ensure a quality experience for the athletes, partners, coaches, and families.

**Project Coordinator - Volunteer (August 2009-July 2012)**

Coordinated, integrated, and led the inaugural and following two annual Project UNIFY Leadership Conferences through idea analysis, design, and implementation. Provided project details for the grant request for funding through US Department of Education. Facilitated weekly project meetings with teenage & young adult team members and representatives from several non-profit organizations. Established project priorities, schedules, and action item/task lists. Successfully brought together over 230 high school students from over 30 public and private high schools across the state to focus on issues of inclusion and acceptance of people with intellectual disabilities through a variety of fun and interactive sessions. Coordinated the post-conference campaigns and deliverables with students and school faculty in over 20 high schools across the state.

**MBNA America, Newark DE**

**1993-2005**

**Sr. Project Manager – First Vice President (April 1998 – April 2005)**

Managed, planned, and implemented technology projects to defined deliverables, ensuring adherence to System Development Methodology. Liaison between technical divisions and businesses.

- Assisted business in defining project requirements, developing user test plans, and completing acceptance testing.
- Established, maintained, prioritized, and communicated action item/task lists for all assigned projects.
- Ensured projects were managed within the budget and followed control and audit requirements.
- Presented projects to Technology Committee and Resource Allocation Committee managers for approval.
- Facilitated weekly project status meetings with senior managers in business and technical divisions to ensure required timelines and deliverables were met.

Responsible for personnel/compensation process control, community service coordination, new employee integration, and management of support staff for the 600 people across multiple Technology Divisions.

- Ensured consistent practices across multiple technology divisions for performance reviews, career development planning, promotions, and celebration events. Tracked and recommended employee rotations, promotions, and career development.
- Consolidated and managed the support functions across multiple divisions - leveraged efficiencies and ensured smooth transitions of responsibilities.
- Planned and coordinated quarterly Division meetings, teambuilding events, community events, and fund raising events across multiple technology divisions.

**Account/Relationship Manager – Vice President** (December 1995 - April 1998)

Managed the relationships between the technical divisions and the Customer Satisfaction and Telemarketing business units for all technology projects. Managed team to successfully implement system development, telephony, and hardware upgrade projects.

- Facilitated weekly project status meetings between all impacted business units and technical divisions.
- Responsible for business unit expectations management for system development projects and ensuring commitments were closely managed and satisfied.
- Assisted businesses in developing project requirements, user test plans, and acceptance testing results.
- Established, prioritized, and managed action item/task lists and status reports for all assigned projects.
- Planned and coordinated quarterly meetings and community service programs for the 150+ person Division.

**Project Analyst – Assistant Vice President** (December 1994 - November 1995)

Represented the Quality and Control Sector on the Customer Satisfaction “SuperStation” initiative, which included developing a graphical user front-end to interface with the Mainframe and Distributed Systems computing environments. Responsible for following the Corporate Information Security Systems Development Life Cycle methodology for documenting, tracking, and ensuring security and audit requirements were addressed throughout the life cycle of the project.

**Information Security Analyst – Senior Banking Officer** (August 1993 – November 1994)

Managed projects to secure information across Personal Computers and Local Area Networks. Hired and managed analysts to assist with bank-wide PC and LAN security initiatives. Participated in divisional LAN installation projects to ensure appropriate security controls, reviewed the security on existing LANs to ensure appropriate controls, evaluated and recommended new PC and LAN security software to enhance system integrity and security reporting, and established policies and procedures for PC and LAN security.

**E. I. Du Pont De Nemours & Company, Wilmington DE**

**1990-1993**

**Local Area Network Specialist**

Installed and supported network-based office systems. Responsibilities included: consulting with business lines, needs analysis, hardware and software installation, project coordination, problem determination, training, and 24-hour helpline support.

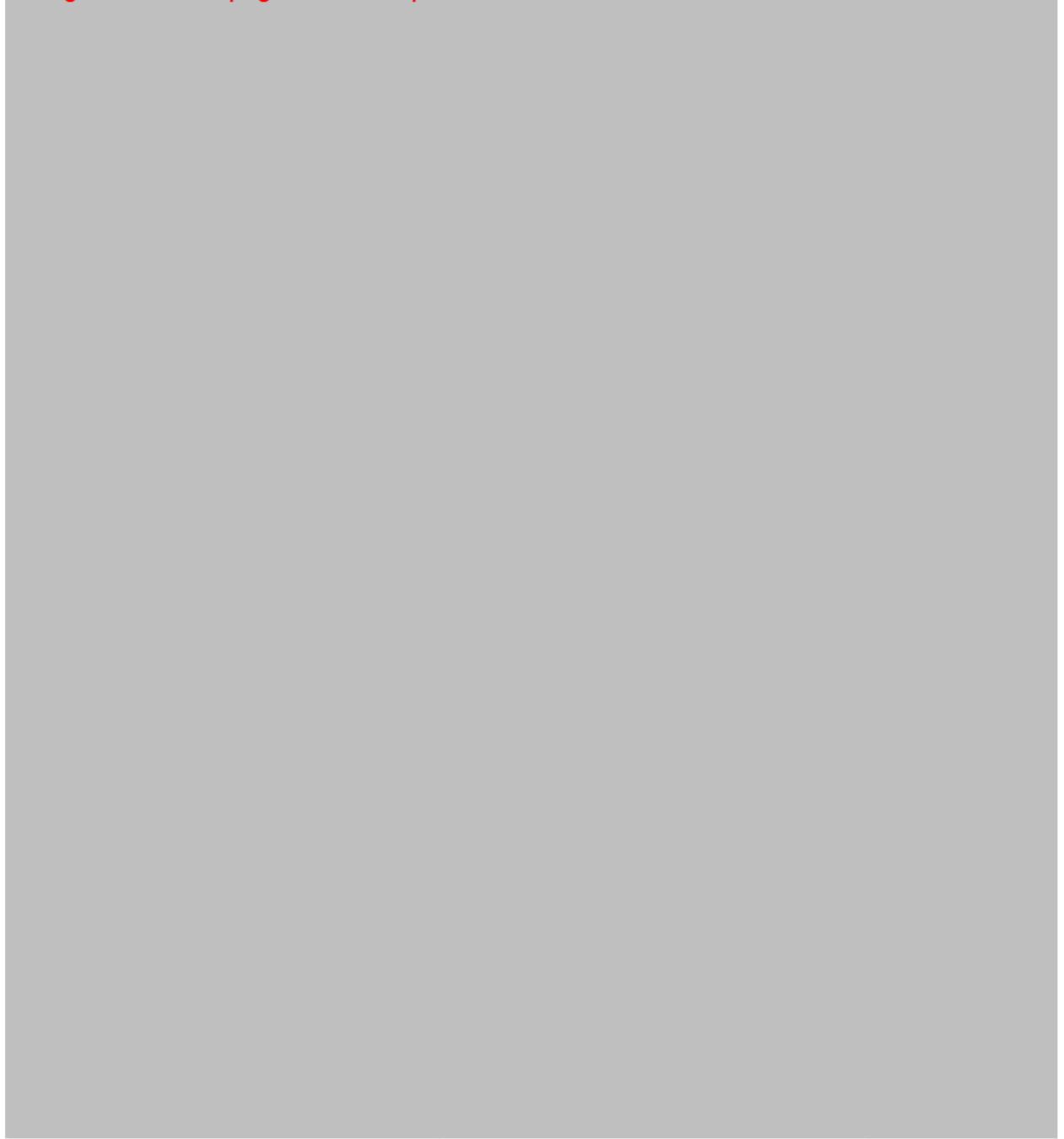
**OTHER:**

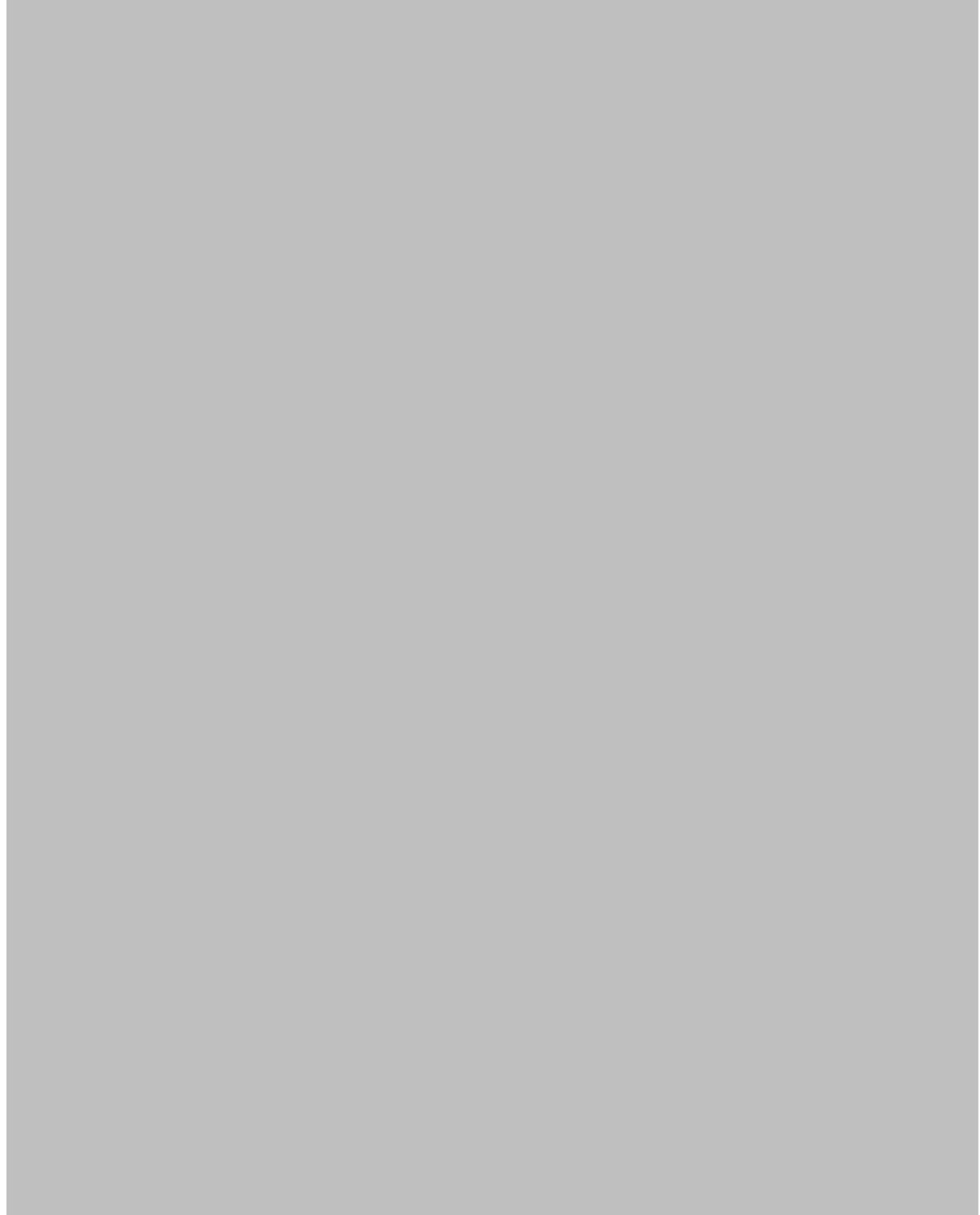
- Active advocate for people with intellectual disabilities.
- As a member of the Project UNIFY planning team, awarded the 2010 Governor's Volunteer Service Award for Social Justice/Advocacy.
- Awarded "Program of the Year" by Special Olympics DE in 2004 and "Outstanding Family" in 2008.
- Awarded the Christina School District Board of Education "Citizenship Award" for outstanding contribution to education in 2006.
- President of 6-unit resort Condominium Association (2006-2011) – Facilitated annual association meetings, created and managed the annual budget, and managed building maintenance and warranty issues.

**EDUCATION:**

Bachelor of Science Degree in HR Economics – Concentration in Business, University of Delaware - Newark, DE







**Don F. Coleman: Board Member**

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act  
DOB: Backgr...
  - b. Criminal Background Check: To be obtained.
  - c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

**Resume:**

**Qualifications**

Business professional with 40+ years of experience and expertise in the building/construction trade; business management and operations; farm management and operations; extensive knowledge in both residential construction as well as small commercial building projects; high expectation for quality workmanship; excellent problem solving skills

**Experience**

1998-Present

**Coleman Farm (100+ acre farm)**

Co-owner

Manager

2009-2012

**Summit Aviation**

Carpentry

Building and grounds maintenance

1998-2009

**Appoquinimink Construction, Inc.**

Owner/Operator – Builder

Manage staff and subcontractors

Bids/Contracts - commercial and residential

Budget and Purchasing

Quality Control

1970-1998

**Odessa Builders**

Carpentry, home building and repairs, some small commercial projects

**Education**

Middletown High School - Graduate 1972

**Other Experience/Interests**

Raising Labrador Retrievers, old cars, auctions, hunting/fishing/wildlife, collecting decoys and artwork, spend time with my family, working on my farm.

**Christopher T. Cusack: Board Member**

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act  
DOB: 29 Del.C. Ch. 100 Freedom of Information Act
  - b. Criminal Background Check: State and Federal Background Checks completed 9/2012
  - c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

**Resume:**

**Qualifications Summary**

- 25+ years of financial services, collections, credit, and recovery experience
- Established extensive network within the financial services industry
- In-depth experience managing and leveraging multiple client relationships and developing strategies
- Proven track record in closing sales, generating revenue, and achieving collection results
- Dedicated, hard-working, results focused individual with a strong attention to detail
- Demonstrates a “can do” attitude and approach to meeting objectives and exceeding goals
- Thorough knowledge and experience with contract negotiations, pricing, reporting, and goal setting
- Recognized as a leader and motivator of people to achieve company objectives
- Proven and effective communicator with all levels of management
- Proficient in Microsoft Word, Microsoft Excel, and Microsoft PowerPoint

**Experience**

**TRAKAmerica**

**May 2013 – Present**

**Director of Business Development**

Responsible for acquiring new customers, managing existing relationships, and developing new markets within the accounts receivable management industry. TRAKAmerica is the premier legal network management firm in the country managing over 12 billion dollars in receivables.

**TradeStreet LLC**

**January 2010 – May 2013**

**President**

Financial services company that specializes in debt purchasing, debt sales, brokering large sales transactions, first and third party servicing referrals, and consulting. Provide specialized financial services companies with business development support and collection strategies. Design collections and recovery strategies for small to mid-sized firms.

**Quatra LLC**

**October 2010 – August 2012**

**Director of Operations**

Responsible for marketing/selling full service collections platform and solution. Secured and managed all client relations. Established pricing and negotiated all contracts with clients and

vendors. Developed collection strategies for multiple asset classes to maximize recoveries, manage expenses, and retain clients.

### **NCO Portfolio Management**

**October 2003 – September 2009**

#### **Vice President Business Development**

Responsible for Acquisitions and Sales for the Portfolio Purchasing Division of NCO Group

- Acquired 154 portfolios with a face amount of \$6.3 billion
- Invested over \$117 million in portfolio acquisitions
- Established a Resale Marketing Strategy
  - Completed 22 sales transaction
  - Portfolios totaled \$4.96 billion as measured by face amount
  - Generated \$39.8 million in Sales Revenue
- Member of the Senior Investment Committee and Servicing Strategy Team
- Negotiated contracts and pricing for all transactions, both purchasing and sales.
- Actively sold additional lines of business for NCO, including, attorney network services, third-party collections, first-party collections, and master servicing agreements.

### **MBNA America**

**February 1988 – September 2003**

#### **Recovery/Vendor Relations - Department Manager / First Vice President (1/01-9/03)**

Managed all aspects of charge-off sales and contingency collections business. Maximized recoveries to exceed loss objectives for the company by negotiating several forward flow and one-time bulk sale agreements. Successfully managed the relationship between 17 collection agencies and MBNA to maximize recoveries and ensure liquidation goals were met.

Managed the Recovery Management System (RMS) to inventory charged-off accounts for assignment to sales partners, agencies, and internal teams. Managed all back-end processing for charge-off sales, which included repurchases, media requests, complaints, and affidavits. Managed team of 11 representatives responsible for collecting an internal post charge-off portfolio netting approximately 1 million dollars in monthly revenue. Managed bankruptcy processing for entire credit card division.

#### **Financial Management Services - Department Manager / Vice President (9/00-1/01)**

Managed four teams of 15 representatives (total staff of 65), whose primary responsibilities included putting Customers on repayment plans or in Debt Management programs. Managed relationships and provided feedback to over 1,000 Debt Management agencies. Developed and implemented innovative performance-based fair share plan for Debt Management agencies to maximize revenue, ensure quality, and increase activation. Successfully transitioned the bank's Financial Management Services function to a new regional office to leverage available resources and combine job responsibilities, which resulted in significant expense savings. Successfully renegotiated contracts with internal Debt Management vendors and increased annual revenue by several million dollars.

#### **Customer Assistance (Collections) - Department Manager / Vice President (7/99-9/00)**

Managed 70 representatives and 4 managers who were responsible for collecting credit card accounts that were sixty days past due.

#### **Portfolio Management Division - Business Analyst (8/98-7/99)**

Responsible for managing all aspects of the business for the Portfolio Management Division (400 people) related to hiring, budgeting, monthly division meetings, and updates to Senior

Management. Personal Assistant to the Division Director and was responsible for providing analysis and presentations on performance of the credit card portfolio to Senior Management Team. Identified efficiency opportunities within the Department, which resulted in a 10% reduction in the divisional budget.

**Loan Review / Quality Control - Department Manager (1/95-7/98)**

Managed the efforts of 25 credit analysts responsible for processing credit card and consumer loan applications while ensuring the quality of the underwriting process. Presented feedback to the Credit Division Senior Management Team to ensure lending was consistent with the company's philosophy. Managed all re-age/restructure programs to ensure regulatory guidelines and policies were adhered to. Developed policies and procedures to ensure business objectives were met while managing risk effectively.

**Customer Assistance (Collections) - Section Manager (2/92-12/94)**

Managed teams (15-20 representatives) at all levels of delinquency (30-180 days delinquent) to ensure bank collection rate goals were obtained. Recognized as top performing manager 13 times.

**Senior Credit Acquisition Analyst (4/90-1/92)**

Decisioned credit card applications and assisted managers with performing quality reviews and sign offs for less experienced lenders. Obtained lending authority of \$25,000 for credit card, small business, and consumer loan products.

**Customer Assistance Representative (2/88-3/90)**

Provided Customer Assistance on delinquent accounts at all levels of delinquency (30-180 days delinquent). Fourteen-time top performer in Division. Set all-time record for collection percentage in charge-off unit.

**Additional Information**

- Head Coach – Girls Varsity Basketball – Glasgow High School (2012-2013)
- Basketball Coach for and active supporter of Special Olympics Delaware (2000-Present)
- Completed classes towards a degree in Business Administration at the University of Delaware - Newark, Delaware (1985-1987)

**Judith D. Govatos: Prospective Board Member**

a. Address: 29 Del.C. Ch. 100 Freedom of Information Act

DOB: 29 Del.C. Ch. 100 Freedom of Information Act

b. Criminal Background Check: To be completed.

c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.

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**Resume:**

**PROFILE:**

Broad-based leader/manager with strong planning, marketing, communications, public relations and development experience in corporate and not-for-profit environments.

**EXPERIENCE:**

**VOLUNTEER COORDINATOR - CHRISTIANA HEALTH CARE**

**(Current)**

Help to revise legislation related to Advance Directives in Delaware. The current law has been become outdated by modern technology. The goal is to revise the current law and introduce modern regulations at the current session of the General Assembly. The proposed outcomes will allow doctors to respect patient Advance Directives without the fear of malpractice, and patients will have the security of knowing that their health care directives are being both respected and implemented.

**DELAWARE HUMANITIES FORUM**

**Program Facilitator (2013-current)**

Responsible to create the syllabus and teach a Literature and Medicine in course designed to be taught at the VA Hospital in Delaware. Participants are medical staff members. They read selected writings written by, for or about medical professionals. The goal of the program is to explore some great literature that can stimulate, encourage and uplift. The goals are to help participants enjoy their jobs more, have more empathy for themselves and the people they work with and care for. Literature at its best helps us to see the world more clearly and to respond more skillfully. We want to link the power of the humanities and the sciences to make the practice of medicine more satisfying for both the practitioner and the patient

**THRIVE - REAL LIFE INDEPENDENCE (programming/services for varying abilities, skills, and needs) Middletown, DE**

**Director of Development (2011-2013)**

Work closely with Director of Programs and Services and development related goals.

**THE ARC OF DELAWARE (serves individuals with cognitive disabilities) Wilm. DE**

**Executive Director (2008 - 2011)**

Planned/managed the organization's staff, budget, budget, programs and housing assets. Worked collaboratively with the Board of Directors to plan and implement strategic polices to further the organization's mission.

- Assured financial stability by effectively managing a \$1.2 million operating budget. Worked with the Board to balance the budget which resulted in a profitable position for three consecutive years despite the downturn in the economy.

- Developed new funding sources for employment programming, increasing revenue by \$140,000. Results: Secured and stabilized jobs for more than 300 individuals with intellectual disabilities.
- Secured \$75,000 in funding to upgrade computers and software that improved productivity and efficiency across all program areas. Results: using laptops for client visits reduced transportation costs by 15%. Staff could generate required documentation for billing faster and more accurately which improved cash flow.
- Developed 5 year housing plan to efficiently manage 84 group homes and \$22million in real estate assets. Secured \$70,000 in Foundation funding to upgrade 9 homes. Results: 36 people could “age in place” thereby avoiding the significant costs of long term care.

**DELAWARE ACADEMY OF MEDICINE (promote medical education) Wilm. DE**

**Executive Director (1999 - 2007)**

Planned/managed the organization’s staff, budget and programs. Worked cooperatively with the Board of Directors to plan and implement strategic policies and procedures.

Managed the Academy’s Student Financial Aid Program.

- Successfully led the development of five year strategic plan.
- Played a leadership role in pursuing a strategic alliance with Christiana Care Hospital System.
- Assured financial stability by computerizing financial operations and implementing “check and balance” financial policies and procedures.
- Planned statewide health information assessment to foster public/private funding of library resources.

**BLUE CROSS BLUE SHIELD OF DELAWARE – Wilmington, DE**

**Manager – Corporate Communications (1986-1999)**

Managed a full-service corporate communications department whose clients included the company’s health insurance business, health care facility, life and international insurance subsidiaries. Directed creation, planning and production of advertising, marketing and public relations campaigns as well as all internal communications programs. Managed eight member staff and \$1.5M budget.

- Created successful marketing communications campaign for Medicaid recipients, achieving more than 50% of market share.
- Created award winning advertising campaign for small group business attracting 20% increase in prospects.
- Implemented departmental computerization, resulting in 40% increase in productivity.
- Developed and implemented a company “Plain English” policy to improve quality of communications. Wrote award winning web copy.
- Developed efficient production process for two HMO member newsletters, improving production time by 50% and reducing costs by 30%.

**NATIONAL MULTIPLE SCLEROSIS SOCIETY – Wilmington, DE**

**Executive Director (1983-1986)**

Managing staff, patient services and all fundraising activities and programs for a not-for-profit health services organization.

- Created and implemented, “Salute to the Mayor”, the Society’s most successful, single event fund raiser, netting \$50K profit.

- Created and implemented award winning disabilities program for junior high school students. Added three new patient service programs.
- Inaugurated Bike-to-the-Bay, the Society's most successful annual fund-raiser, doubling profits in two years. The event now raises more than \$500K annually.
- Increased Read-A-Thon profits by 30%.

**EDUCATOR – English Teacher -Wilmington, DE**

**EDUCATION**

University of Delaware, Newark, DE

B.A. English

Numerous professional workshops and seminars in financial management, marketing, management and communications.

**Awards:** IABC Merit Awards for web page writing, print and radio ads, newsletters and Feature writing.

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**Robert M. Coleman – Prospective Employee: Master Grower**

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act  
DOB: 29 Del.C. Ch. 100 Freedom of Information Act
- b. Criminal Background Check: To be completed.
- c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

**Resume:**

**Qualifications**

- Experience in all phases of commercial gas line installation - supervisor and operator
- Experience in all phases of residential construction including home construction, home maintenance, renovations, repair, and landscaping
- Experience with commercial/agricultural construction both large and small
- Experience in floral/plant business and operations
- Experience in farming and horticulture
- Motivated, proficient in problem solving, an innovative thinker, a team leader, expect quality assurance
- Ability to operate most equipment in the construction trade
- Ability to train staff for a specific skill set
- Work well with diversity, have clear communication regarding expectation, outcomes and the path to successful completion of projects
- Enjoy negotiating and working with subcontractors and take pride in my ability to promote teamwork, get the job done with high standards, and keep within projected budget and timelines.

**Job Experience**

2010 - present

**Utility Line Service - Conshohocken, PA**

- All phases of commercial gas line installation
- Supervisor and operator
- Adherence to design plans/timeline/project goals
- Quality Control
- Purchasing

1996-2010 (with exception of 2007 to 2008)

**Appoquinimink Construction, Inc. - Townsend, DE**

- All phases of carpentry, home building, renovations, repairs, small commercial
- Manage staff and subcontractors
- Bids/contracts commercial and residential
- Purchasing
- Quality Control
- Supervisor and operator

2007- 2008

**Jensen Builders - Fort Dodge, Iowa**

- Large agricultural/commercial projects with Monsanto
- All phases of construction
- Supervisor and operator

2002-2007

**Coleman Lawncare & Landscaping**

- Owner/Operator
- Manage staff and subcontractors
- Manage business plan/budget
- Bids/contracts commercial and residential
- Purchasing
- Quality Control

1994-1998

**The Bouquet Shoppe** (family business)

- Floral care and preparation
- Plant care and maintenance
- Customer service and delivery

**Education**

Gas Industry Certifications

- PECO
- PGW
- South Jersey Gas Company
- OSHA 10 Certification # 26-003937885
- OSHA Competent Person
- Gastite- Authorized to purchase and install #10GF010597

State of Delaware- Pesticide Application Certification 2005-2007

Middletown High School- Middletown, Delaware - Graduate 1996

**Other interests**

Avid gardener, natural and organic farming, permaculture, health and wellness, hunting/fishing/wildlife, decoy collecting, scuba diving, skiing, travel, inventions

## **Carolyn C. Foraker – Prospective Employee**

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act  
DOB: 29 Del.C. Ch. 100 Freedom of Information Act
- b. Criminal Background Check: To be completed.
- c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

### **Resume:**

## **QUALIFICATIONS**

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Detail oriented business professional with over 50 years experience in business development, operations and management, floral and horticulture experience, customer service in following: Public service, construction business/office, floral industry and health (non-profit). Specialized expertise in following highly regulated FDA policies and procedures

## **EMPLOYMENT**

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**2003 -2014      Blood Bank of Delmarva      Newark, DE**

*Registration Specialist*

My job description included the following:

- Greeting and registering donors and providing them with initial donor information reading materials, create or updates electronic donor file information, prints donor information.
- Process all autologous, therapeutic and directed donors with completed paperwork; contact designated individuals for any additional paperwork.
- Fielding inquires
- Performs miscellaneous tasks, including answering telephones, answering donor questions, greeting visitors and vendors, filing, copying, faxing, posting phlebotomy results, organizing and monitoring reception materials.
- Printing and disbursing donor registration schedules
- Securing and recording payments and donations

**1978 - 2002      The Bouquet Shoppe      Middletown, DE**

*Co-Owner/Operator*

My job description included the following:

- Bookkeeping
- Payroll
- Hiring and training
- Public Relations
- Advertising
- Merchandising
- Budgeting
- Inventory control
- Customer sales
- Designing floral arrangements

- |                  |                               |                       |
|------------------|-------------------------------|-----------------------|
| <b>1971-1978</b> | <b>Foraker Water Company</b>  | <b>Middletown, DE</b> |
|                  | <i>Co-owner</i>               |                       |
|                  | ▪ Bookkeeper and receptionist |                       |
| <b>1962-1970</b> | <b>NCC Recorder of Deeds</b>  | <b>Wilmington, DE</b> |
|                  | ▪ Bookkeeper                  |                       |
| <b>1954-1956</b> | <b>S&amp;S Products</b>       | <b>Smyrna, DE</b>     |
|                  | ▪ Bookkeeper and sales        |                       |

## **EDUCATION**

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- |                    |  |                   |
|--------------------|--|-------------------|
| <b>1949 - 1954</b> | <b>John Bassett Moore High School</b>    | <b>Smyrna, DE</b> |
|                    | <i>High School Academic Diploma</i>      |                   |
| <b>1998 - 1999</b> | <b>Stanton Delaware Technical School</b> | <b>Newark, DE</b> |
|                    | <i>Computer Applications Course</i>      |                   |

## **VOLUNTEER EXPERIENCE**

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- Founding member and Past President – the Port Penn Historic Society**
  - Co-chaired Charter Committee - prepared charter for non profit status
  - Chaired Fund Raising Committee – We held fundraisers and secured matching funds to purchase Port Penn School for a museum.
- Founding Member – The St. George’s Historic Society**
  - Co-chaired Charter Committee – prepared charter for non-profit status
- Founding member – Annual Middletown Peach Festival**
  - Chaired Entertainment Committee
- Past President – Port Penn Civic Association**
- Volunteer – Cancer Society**
- Den Mother – Cub Scouts**
  - Organized a Cub Scout Den, a part of Boy Scout Troop #426 Pack  
Leader – Cub and Webloe Scouts
  - Organized a Cub and Webloe Scout Pack, recruited Den Mothers and Webloe Leaders
- Retired member – Port Penn Volunteer Fire Company Ladies Auxiliary**

## **HOBBIES**

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Vegetable and flower gardening, painting, reading, sewing, needle work, and walking

## **Stephen M. Beck – Prospective Employee**

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act (Will relocate back to Delaware.)  
DOB: 29 Del.C. Ch. 100 Freedom of Information Act
- b. Criminal Background Check: To be completed.
- c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

### **Resume:**

#### **Summary:**

- B.S. Degree in Economics: University of Delaware
- 4+ years as Owner and Manager of award winning retail store
- 5+ years as bank card collector. Received many incentive bonuses
- 8+ years teaching/training. Students made exceptional accomplishments.

#### **Qualifications:**

#### **Marketing/Sales:**

- Merchandised a 3,000 square foot store and display windows
- Contacted residential and business customers through a wide variety of media
- Created a store web site
- Maintained growing mailing list through solicitations and data entry
- Liaison to print shop and post office for bulk mailings
- Participated in photo shoots, radio ads, and several audio recording projects
- Negotiated with other businesses to place product in their stores
- Wrote contracts for on-site services or installations
- Public Speaking: Promoted products in person to groups of several hundred at a time
- Networked at Chamber of Commerce meetings
- Telemarketing cold calls and previous customers

#### **Customer Service:**

- Provided exceptional customer service by greeting customers and establishing rapport through active listening and offering recommendations from over 9,000 products in stock. Received “Reader’s Choice” award from local paper for 4 straight years.
- Created policies to resolve customer inquiries or complaints
- Listened to customers, and negotiated with them to resolve issues in an amicable way to increase customer satisfaction, loyalty, and future sales
- Carried new products based on perceived demand
- Secured items not stocked by placing “special orders”

#### **Inventory:**

- Purchased product by phone or in person
- Transported items or had them shipped
- Received products, verified quantities, and signed bills of lading
- Scanned items into point of sale system
- Stocked shelves
- Organized excess inventory and seasonal items in warehouse
- Conducted yearly inventory review and as needed



**Leonard H. Beck, PhD – Prospective Volunteer**

- a. Address: 29 Del.C. Ch. 100 Freedom of Information Act  
DOB: 29 Del.C. Ch. 100 Freedom of Information Act
  - b. Criminal Background Check: To be completed.
  - c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.
- 

**Resume:**

**Qualifications:**

PhD in Organic Chemistry	Ohio State University	1959
MS in Organic Chemistry	Ohio State University	1958
BS in Chemistry	University of Dayton	1954

Lieutenant, US Army Chemical Corps	1954-1956
Captain, US Army Reserves	

Du Pont Company: Research Associate	Deepwater, New Jersey	1964-1993
Wyandotte Chemical	Wyandotte, Michigan	1959-1962

Prison Reform Advocacy (Volunteer) 1993-Current

Has taught Threshold Decision Making in every DE prison and in PA prisons.

Has taken Criminal Justice classes at Del Tech and University of DE

## Catherine L. Lynch – Prospective Volunteer

a. Address: 29 Del.C. Ch. 100 Freedom of Information Act

DOB: 29 Del.C. Ch. 100 Freedom of Information Act

b. Criminal Background Check: To be completed.

c. Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.

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### Resume:

#### CREDENTIALS:

- RPSGT - Board of Polysomnographic Technologists - #12905 issued 7/25/2008
- RST - American Board of Sleep Medicine - #321 issued 8/15/2011
- CRT - National Board for Respiratory Care - (no #) issued 7/14/1984
- RCP - State of Delaware (Respiratory Care Practitioner) - #C9-0000933 issued 4/12/2010

#### EXPERIENCE:

##### Sleep Disorders Management (Wilmington, DE)

2011-present

###### Senior Case Manager

- Assisted in creation of company policy and procedures for Accreditation
- Created training program for new technicians home sleep test set up and scoring
- Presented at job fairs, community events and corporations to educate the public about sleep apnea: signs, symptoms, diagnostic tests and treatments
- Provided management, over-sight and scheduling of technicians
- Assisted physician with patient exam
- Provided patients with education and training for home sleep testing and auto titration PAP therapy
- Scored home sleep tests and prepared reports for Sleep Specialist interpretation
- Created and supervised the patient adherence program for PAP therapy effectiveness

##### Delaware Sleep Disorder Centers (Wilmington, DE)

2007 - 2011

###### Polysomnographic Technician

- Performed comprehensive diagnostic and therapeutic sleep studies as defined by the AASM
- Fluent in staging and scoring studies on the fly while caring for patients
- Proficient in Compumedics PSG II and PSG III sleep software and familiar with Philips Respironics Alice 5 and Alice PDx sleep software

###### Company Educator

- Created, designed and implemented **technician training program** for newly hired techs
- Created, designed and implemented company's first **physician training program**
- Set up internal and external courses to provide **continuing education of staff**
- Provided all studies and follow up for **Inter-Scorer Reliability Studies** per AASM requirements
- Updated Management to education and trainees' status during weekly Lead Tech meetings
- Acted as Liaison between Technicians and Medical Directors at bi-monthly Clinical meetings
- Arranged monthly Medical Director/Technician Meetings and kept records per AASM Accreditation guidelines
- Involved in making suggestions and implementing changes for **improved patient care** during quarterly Q/A meetings with Lead Techs and Q/A Medical Director

###### CPR Instructor

- Certified American Heart Association **BLS Instructor** (current)
- Created, designed and implemented the company's **first sleep tech focused CPR course**

- Instructed Company employees and A-STEP program students to become CPR certified  
*A-STEP Instructor*
  - In conjunction with Delaware Tech and Community College, **taught AASM's A-STEP program**
  - Instructed through lecture, hands-on labs and in the clinical setting with patients
- Community Education/Job Fairs*
- Presented at job fairs and community events to educate the public about sleep apnea: signs, symptoms, diagnostic tests and treatments

**Wuesthoff Hospital (Rockledge, FL) 1986-1987**  
*Respiratory Therapist*

**Union Hospital (Elkton, MD) 1984-1985**  
*Respiratory Therapist*

**EDUCATION:**

**Delaware Sleep Disorder Centers 2007**  
Polysomnography Certificate Course

**Delaware Technical & Community College**  
Respiratory Therapy Technology 1982-1984  
Degree: Associate in Applied Science  
Microsoft Office Products 2007

**ORGANIZATIONS:**

American Association of Sleep Medicine (AASM) 2009-2011  
American Association of Respiratory Care (AARC) 1984-1987  
National Board of Respiratory Care (NBRC) 1984-1987

**CERTIFICATIONS:**

Basic Life Support Instructor Current  
Basic Trauma Life Support

**VOLUNTEER ACTIVITIES:**

Special Olympics Delaware 2006-2007  
Church Volunteer 1989-2004  
School Volunteer 1996-2000  
Meals on Wheels 1992-1994  
Easter Seals 1988

## **Additional Board of Directors and Advisory Board Members**

We anticipate that our Board of Directors will consist of five members. In addition to the three members listed above (Don Coleman, Chris Cusack, and Judy Govatos), we will identify two additional Delaware residents - one in the medical profession and another professional who believes in our mission and is an advocate of medical marijuana.

In addition to our Board of Directors, we plan to have an “Advisory Board” made up of professionals in occupations such as:

- Medical (multiple professionals in disciplines of the approved debilitating medical conditions)
- Pharmaceutical
- Security
- Attorney
- Regulatory

Our first Advisory Board member is Dr. Richard Fischer.

### **Christiana Care Neurology Specialists**

Richard Fischer, M.D.

774 Christiana Road, Suite 201

Newark, DE 19713

### **Prospective Contractors:**

As subcontractors are selected, they will be required to provide background check reports and previous Board of Director requirements, as noted on page 42 of the RFP.

### **Information Technology**

#### **Joseph Panchisin, Founder & CEO: Technology Concierges, Inc.**

- a. Address: 7460 Lancaster Pike – Suite F, Hockessin DE 19707
- b. Criminal Background Check: TBD
- c. Upon selection, the following statement will confirmed: Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.

### **Physical Security**

#### **Thomas Monahan, President: Monahan Investigators**

- a. Address: 8 East 13<sup>th</sup> Street, Wilmington DE 19801
- b. Criminal Background Check: TBD
- c. Upon selection, the following statement will confirmed: Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.

### **Building**

#### **Diamond State Pole Building**

- a. Address: 4601 South DuPont Highway, Dover DE 19901
- b. Criminal Background Check: TBD
- c. Upon selection, the following statement will confirmed: Has not managed or served on a board for a business or not-for-profit that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.

**Consultants/Advisors:**

**Agrisoft Development Group - Seed to Sale Tracking, Inventory, & Barcoding Software**

Matt D. Cook - COO

Lisa Stewart – Government & Public Relations

2300 Main Street, Kansas City MO 64108

**CannLabs - Nation’s Leading Cannabis Test Lab**

Heather Despres – Lab Director

Steve Kilts

Address: 3888 E. Mexico Avenue, Denver CO 8010

**Compassionate Care Foundation - Medical Marijuana Facility**

Bill Thomas – CEO

100 Century Drive, Egg Harbor Township NJ 08234

**Connolly Gallagher LLP - Law Firm**

Charles J. Durante – Partner

1000 West Street, Wilmington DE 19801

**Delaware Farm Bureau**

Gary Warren, President

3457 S. DuPont Highway

Camden, DE 19934

**MMJ America - Medical & Recreational Marijuana Facility**

Jake Salazar – President/CEO

2042 Arapahoe Street, Denver CO 80205

**Nationwide Insurance**

Jo Dougherty & Lisa Broadbent-DiOssi

20 Polly Drummond Hill Road, Newark DE 19711

**New Castle County Councilman, District 6**

William Powers

800 N. French Street – 8<sup>th</sup> Floor

Wilmington, DE 19801

**Realm Of Caring - 501c3 Non-Profit Formed to Provide CO Residents Medical Marijuana Education**

Heather Jackson – Executive Director

PO Box 15224, Colorado Spring CO 80935

**Stanley Brothers Social Enterprises - Brothers in CO Who Grow Medical Marijuana, including “Charlotte’s Web” Strain**

Jared Stanley, Joel Stanley, Jesse Stanley, Matt Lindsey

Florissant CO 80816

**University of Delaware**

(Intend to partner with UD College of Agriculture and will make contact once we are selected to move forward with project.)

**Women's Business Enterprise National Council**  
(Joining this organization upon approval of proposal.)

# DRAFT Job Description for Prospective Employee

## Position: Master Grower

Position is Full-Time (approximately 40 hours per week)

### Job Responsibilities:

- Manage a large-scale warehouse with grow lights
- Perform all the tasks in the grow including: cloning, transplanting, feeding plants, defoliation, super cropping, topping, flushing, foliar and preventative sprays, trimming, packaging, waste disposal and inventory management
- Develop and/or maintain grow warehouse protocols and nutrient regiment
- Manage grow warehouse working crew
- Manage marijuana plants, giving each individual plant the attention it needs one at a time
- Manage plant scheduling and organization to precisely project all garden needs on a daily, weekly, and monthly basis to keep garden green and expenses low
- Cataloging and analyzing each individual strain from clone to flower to harvesting
- Cloning and manage vegetation with at least a 90% success rate
- Execute preventative maintenance and elimination of all types of mold, powdery mildew, spider mites, root aphids, fungus gnats, etc.
- Maintain a clean and organized work environment
- Mastery of Ebb & Flow, DWC and Aeroponics growing methods, including in-depth knowledge of PH; PPM and EC counts
- Mastery of Soil growing methods including micronutrients, beneficial bacteria and nutrient implementation
- Working knowledge in container systems with soil and hydro as well as understanding temperature and humidity manipulation
- Expert knowledge of plant diseases, insects and fungi, as well as plant treatment options
- Well researched in new techniques and insight to expand knowledge in nutrient of individual strains, high yield recipes, controlled stress environments to different lighting systems and set ups
- Comprehensive knowledge of Strains; Sativa, Indica and Hybrids and mastery of medicinal implementation and knowledge of effects of strains and types of medicinal administration
- Assist government auditors with inventory, sales and compliance audits
- Comply with all HR policies including confidentiality and non-disclosure
- Facility maintenance and troubleshooting as necessary

### Required Minimum Qualifications:

- 21+ years old
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Pass a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation
- Knowledge of large scale commercial plant cultivation including nutrient requirements,

mediums, light requirements, temperature control, air flow, etc.

- Knowledge of plant diseases, insects and fungi, as well as plant treatment options
- Physical aptitude and health necessary to perform manual labor tasks required for the proper management of grow warehouse
- Advanced knowledge of the cannabis plant and genetics
- Must have accountability, proactive behavior and strong attention to detail

**Preferred Skills / Qualification:**

- Degree in Horticulture or Agriculture
- More than 5 years experience managing a commercial grow operation
- Trimmer or Budtender experience
- Marijuana strain and product knowledge

# **DRAFT Job Description for Prospective Employee**

## **Position: Plant Care Technician / Trimmer**

Position is Part-time (20-30 hours per week) with opportunity for future full-time hours.

### **Job Responsibilities:**

- Work a flexible schedule, including weekends
- Strong communication and interpersonal skills as well as ability to work with a diverse clientele
- Work as a team member in a fast-paced, friendly environment
- Take down plants, trim buds, and de-leaf
- Protect the quality of all product when at the trim table
- Follow compliance rules
- Data Entry / Computer Work
- Must be detail-oriented and able to multi-task in a very busy environment
- Pay attention to details
- Maintain a clean work environment, keep trim room clean, and keep trays clean and sanitary
- Assist growers in turning over the rooms and cleaning after harvest
- Cut back plants / cut plants to soil level / discard soil
- Clean grow room, including lights, for next harvest

### **Required Minimum Qualifications:**

- 21+ years old
- Cannabis trimming knowledge
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Pass a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation (punctuality is a must)
- Self-motivated
- Possess a passion for the medical cannabis movement
- Able to lift at least 50 pounds
- Be able to sit or stand for long periods of time

### **Preferred Skills / Qualification:**

- Horticulture experience
- Understanding of plant nutrition, disease identification, and environmental requirements necessary to keep plants healthy and happy
- Marijuana strain and product knowledge
- Trim experience (wet or dry)

# **DRAFT Job Description for Prospective Employee**

## **Position: Product Specialist & Inventory Representative (Budtender)**

Position is Part-time (20-30 hours per week) with opportunity for future full-time hours.

### **Job Responsibilities:**

- Work a flexible schedule, including weekends
- Greet people and verify DE State ID and DE MMP Registry Cards
- Strong communication and interpersonal skills as well as ability to work with a diverse clientele
- Must be courteous and friendly while expressing strong business customer service skills
- Work as a team member in a fast-paced, friendly environment
- Connect and build relationships with Patients - spend time with each Patient and listen to what they are saying
- Sell products through cannabis product knowledge, medical benefits and industry awareness
- Explain the affects of a sativa, indica, or a hybrid and how each one can reduce a Patient's symptoms or condition
- Stay up to date on lineage of the strains as well as any new strains that are coming to market; subscribe to cannabis magazines, online research, join forum to broaden knowledge base
- Competent in weights and measures
- Restocking and inventory management
- Data Entry / Computer Work
- Must be detail-oriented and able to multi-task in a very busy environment
- Money Handling
- Pay attention to details

### **Required Minimum Qualifications:**

- 21+ years old
- Cannabis knowledge and industry awareness
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Pass a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation (punctuality is a must)
- Microsoft Office proficiency in Word and Excel
- Possess a passion for the medical cannabis movement

### **Preferred Skills / Qualification:**

- Marketing and/or Customer Service experience
- Point of Sale experience
- Marijuana strain and product knowledge
- Bilingual preferred, but not required
- Social media and website content management experience

# **DRAFT Job Description for Prospective Employee**

## **Position: Patient Service Representative**

Position is Part-time (20-30 hours per week) with opportunity for future full-time hours.

### **Job Responsibilities:**

- Assist with all aspects of current and prospective Patient relationships
- Ability to explain the dispensary's procedures and policies
- Work a flexible schedule, including weekends
- Greet people and verify DE State ID and DE MMP Registry Cards
- Ability to communicate effectively and professionally
- Ability to work with a diverse clientele
- Must be courteous and friendly while expressing strong business customer service skills
- Work as a team member in a fast-paced, friendly environment
- Data Entry / Computer Work
- Must be detail-oriented and able to multi-task in a very busy environment
- Answer incoming phone calls, make phone calls to Patients, take messages
- Money Handling
- Pay attention to details
- Cleaning (sweeping, mopping, wiping down, sanitizing, vacuuming, shaking out rugs, etc.).

### **Required Minimum Qualifications:**

- 21+ years old
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Pass a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation (punctuality is a must)
- Microsoft Office proficiency in Word and Excel
- Possess a passion for the medical cannabis movement

### **Preferred Skills / Qualification:**

- Previous Office, Retail, or Customer Service experience
- Point of Sale experience
- Marijuana strain and product knowledge
- Bilingual preferred, but not required
- Marketing skills a plus
- Managing website and other social media content

# DRAFT Job Description for Prospective Employee

## Position: Lab Technician

Position is Part-time (20-30 hours per week) with opportunity for future full-time hours.

### Job Responsibilities:

- Performs qualitative and quantitative chemical analysis of raw materials
- Create procedure to test marijuana produced to confirm free of contaminants and to determine the potency of all active ingredients / cannabinoids
- Coordinates testing responsibilities to ensure QA test support according to the needs of Manufacturing to maintain continuous process flow
- Functions as a team member to provide timely test analysis information on the status of conformance to requirements
- Investigates testing abnormalities and implements corrective action
- Cross-trains in all testing responsibilities to ensure a fully cross-functional laboratory team environment
- Assists with determination of root causes of non-conformances and recommends corrective actions
- Creates tinctures from products, as required
- Maintains laboratory chemical supplies to ensure an adequate supply and prevent testing delays
- Audits documentation, device history records, and test methods for compliance
- Assists with special projects by supporting the development of new test methods of performing investigative test analyses as required
- Assists in projects including the validation of test methods and transfer of new products/processes/test methods
- Work a flexible schedule, including weekends
- Ability to work with a diverse clientele and thrive in a fast-paced environment
- Detail-oriented and Strong written and verbal communication skills

### Required Minimum Qualifications:

- 21+ years old
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Pass a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation
- Possess a Bachelor's degree in Chemistry, Biology or related Science
- Minimum of 2 years experience in a lab
- Experience using Microsoft Office (including Word and Excel)

### Preferred Skills / Qualification:

- Masters or PhD in Chemistry, Biology, or related Science

- 5+ years lab experience
- Bilingual preferred, but not required

# DRAFT Job Description for Prospective Employee

## **Position: Educator (Agent Training and Outreach)**

Position is Part-time (20-30 hours per week) with opportunity for future full-time hours.

### **Job Responsibilities:**

- Develop and maintain a training and outreach calendar
- Develop, implement, and maintain an onsite training curriculum for employee, agent, and volunteer training needs
- Develop training documents for: professional conduct, ethics, and state and federal laws regarding Patient confidentiality; information developments in the field of medical use of marijuana; proper use of security measures and controls; procedures for responding to an emergency; complete understanding of the State and Federal laws regarding the distribution and use of marijuana
- Develop training document and a plan for educating the registered Patients and Designated Caregivers about medical use of marijuana, including: FAQs, state and federal laws, laws related to transportation of the drug across state lines, ingestion options, safe smoking techniques, and potential side effects
- Communicate with various audiences regarding the learning event details, schedule and/or course changes, reminders about upcoming sessions, and monitor mailbox
- Order/Prepare printed materials specific to each training session, ensure all participants have requisite material prior to event
- Coordinate program execution and logistics with internal groups and external facilitators, badges, etc. as needed
- Administer surveys, generate reports, and distribute appropriately
- Provide ad hoc services as needed
- Work a flexible schedule, including weekends
- Ability to work with a diverse clientele and thrive in a fast-paced environment
- Detail-oriented with superb organizational skills
- Strong written and verbal communication skills

### **Required Minimum Qualifications:**

- 21+ years old
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check and a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation
- Minimum of 2 years as educator or trainer and Experience developing a curriculum
- Proficient in Microsoft Office suite (including Word, Excel, PowerPoint, Project)
- Possess a passion for the medical cannabis movement

### **Preferred Skills / Qualification:**

- Bachelor's degree and 5+ years experience as educator or trainer
- Marijuana strain and product knowledge
- Bilingual preferred, but not required
- Marketing skills a plus
- Managing website and other social media content

# **DRAFT Job Description for Prospective Employee**

## **Position: Security Officer**

Position is Full-Time (approximately 40 hours per week)

### **Job Responsibilities:**

- Observe and report activities and incidents, providing for the security and safety of property and personnel
- Make periodic patrols to check for irregularities and to inspect protection devices and fire control equipment
- Preserve order and act to enforce regulations and directives for the site pertaining to personnel, visitors, and premises
- Control access to client site or facility through the admittance process
- Patrol assigned site on foot or in vehicle; check for unsafe conditions, hazards, unlocked doors, security violations, blocked entrances and exits, mechanical problems, and unauthorized persons
- Protect evidence or scene of incident in the event of accidents, emergencies, or security investigations
- Sound alarms or call police of unauthorized persons
- Permit authorized persons to enter property and monitor entrances and exits
- Respond to incidents of fire, medical emergency, bomb threat, flooding, water discharge, elevator emergency, hazardous materials, inclement weather, and other incidents
- Prepare logs and reports as required
- Provide assistance to Patients, Designated Caregivers, employees, and visitors in a courteous and professional manner
- Work a flexible schedule, including weekends
- Ability to work with a diverse clientele
- Ability to work and thrive in a fast-paced environment
- Detail-oriented
- Strong written and verbal communication skills

### **Required Minimum Qualifications:**

- 21+ years old
- No conviction of an excluded felony offense for a drug misdemeanor within five year
- Pass a State Bureau of Identification (SBI) criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Pass a full nationwide criminal history screening check (fee to be paid by applicant, reimbursed by Center if hired)
- Reliable transportation
- Possess a high school diploma or equivalent
- Minimum of 2 years in security
- Experience using Microsoft Office (including Word and Excel)
- Possess a passion for the medical cannabis movement
- With or without reasonable accommodation, the physical and mental requirements of this job may include the following: seeing, hearing, speaking, and writing clearly. Occasional

reaching with hands and arms, stooping, kneeling, crouching and crawling. Frequent sitting, standing and walking, which may be required for long periods of time, and may involve climbing stairs and walking up inclines and on uneven terrain. Additional physical requirements may include frequent lifting and/or moving up to 10 pounds and occasional lifting and/or moving up to 25 pounds.

- Must be able to meet and continue to meet applicable state, county, and municipal licensing requirements for Security Officers

**Preferred Skills / Qualification:**

- Possess one or more of the following: Law enforcement experience; service in the Elite Military Forces, Military Police, or combat arms; Graduate of Police/Corrections Academy; Criminal Justice Degree – Associate or higher; Career Military
- Bilingual preferred, but not required

## **F. Qualifications and Experience**

### **2. Agents of the Compassion Center and Organization**

- d. Persons or business entities having 5% or more ownership in the Compassion Center, whether direct or indirect and whether the interest is in profits, land or building, including owners of any business entity which owns all or part of the land or building.

**29 Del.C. Ch. 100 Freedom of Information Act**

- e. Persons or business entities having direct or indirect authority over the management or policies of the Compassion Center.
- Yvonne F. Coleman & Elizabeth A. Cusack (Direct, as owners of the corporation)
  - Board of Director members (Indirect)
- f. Include the identities of all creditors holding a security interest in the premises, if any.
- There are no creditors holding a security interest in the premises.

## **F. Qualifications and Experience**

### **3. Ability, Capacity, Skills, and Experience of the Organization**

- a. C&C Compassion Center of Delaware, Inc. owners have traveled to Colorado and New Jersey to visit and tour medical marijuana licensed grow and retail centers. We have received consultation from subject matter experts and now have resources from centers in both states who have agreed to assist us in establishing and growing our Compassion Center. In addition, we have many years of combined experience and expertise to meet most of our Compassion Center requirements with the exception of physical security. We plan work integrally with local law enforcement and contract security officers.

#### **Yvonne F. Coleman and Elizabeth A. Cusack**

#### **(Co-Owners, C&C Compassion Center of Delaware, Inc.)**

- Product and medical marijuana industry knowledge (including how product is grown, cultivated, harvested, cured, process, packaged, labeled and prepared for retail sale) through personal tour in February 2014 of Stanley Brothers' Realm of Caring grow facility located in the state of Colorado (featured on CNN documentaries with Sanjay Gupta in August 2013 and March 2014).
- In-person meetings and discussions in February 2014 with Employees and Owners of several medical marijuana and recreational marijuana retail facilities in the state of Colorado, including the Realm of Caring "Indispensary", MMJ America, Denver Relief, The Green Solution, Rocky Mountain High, and Colorado Alternative Medicine centers.
- Medical marijuana product and industry knowledge through in-person meeting with CEO of Compassionate Care Foundation medical marijuana grow and retail facility in the state of New Jersey.
- Product and industry knowledge of various types of marijuana strains and how they impact qualifying debilitating medical conditions through in-depth online research and discussions with owners/employees of medical marijuana centers in Colorado and New Jersey.
- Product and industry knowledge of different forms in which to sell medical marijuana (i.e., dried, concentrates, tinctures, etc.) and how marijuana products should be packaged, labeled, and sold at retail level through in-depth online

research and tours and discussions with owners/employees of several medical and recreational marijuana centers in Colorado and a medical center in New Jersey.

- Product and industry knowledge of how medical marijuana should be recalled, accounted for, and destroyed, when necessary through in-depth online research on these topics, through discussions with owners/employees of medical marijuana centers in Colorado and New Jersey, and discussions with representatives with Agrisoft Development Group Seed to Sale software company (See additional details about Agrisoft in Section I-11.)

**Yvonne F. Coleman (Additional related skills and expertise)**

- 25 years of Farm ownership and management
- 35 plus years in Business development and management
- 25 years in the Floral Industry, ownership, management, and operations
- 25 years Horticulture/Gardening (including in-depth experience in growing, cultivating, harvesting, processing, packaging, and preparing products for retail sale)
- 15 years working in Nonprofit
- 15 plus years working in the DE Health and Social Services Community (including State of Delaware contract development & oversight)
- Certified Health Counselor

**Elizabeth A. Cusack (Additional related skills and expertise)**

- 10+ Expertise in quality standards and systems/data security through information security, audit, and project management experience at MBNA America
- 12 years experience working with non-profit (Special Olympics Delaware) on various projects
- 3+ years following safety and security standards at DuPont Company
- Experience working part-time cashier in retail drug store, in pharmacy as technician, and closing registers/books for deposit at end of night

**Robert M. Coleman (Prospective Employee - Master Grower)**

- 15 years Horticulture/Farming
- 10 years in Building Construction and maintenance
- 5 years Lawn Care management and operations
- 5 years Pipeline construction and management

**Stephen M. Beck (Prospective Employee)**

- 4+ years Owner and Manager of award winning retail store – including experience with inventory management, leadership and training, marketing and sales, bar coding, and point of sale equipment
- 8+ years teaching and training – including experience in training retail store employees, instructing private music lessons for up to 15 students/week, and home schooling two students
- Experience in landscaping
- 5+ years bank card collector
- Passion for assisting others, including those with special/chronic health care needs

**Carolyn C. Foraker (Prospective Employee)**

- 50 years Horticulture/Gardening

- 40 years in Business management and administrative
- 25 years in the Floral industry, ownership, management, and operations
- 10 years in Health/Nonprofit Industry

**Don F. Coleman (Board Member)**

- 35 plus years in Building Construction, maintenance, management & operations (including knowledge in plumbing, heating, air conditioning, and water management)
- 25 years of farm ownership, management, and operations (current owner/manager of 100+ acre farm)
- Cancer Survivor

**Christopher T. Cusack (Board Member)**

- Currently employed with TRAKAmerica, the largest legal network management firm in the country, as their Director of Business Development.
- 25 years of experience in the banking and financial services industry. Previously held various management positions at MBNA America and NCO Financial Service.
- Operational background and knowledge of running a successful business.

**Judith D. Govatos (Prospective Board Member)**

- 30+ years in Non-Profit Executive Level Leadership serving the medical and disabilities communities, including state contract development and oversight
- 30+ years of teaching, including current position at the VA Hospital in Delaware teaching medicine and literature
- Excellent writing skills/contract development/business skills
- IABC Merit Awards for writing
- 35+ years volunteer work in Delaware Humanities
- Helped to revise legislation related to Advance Directives in Delaware
- Cancer patient

**Leonard H. Beck, PhD (Prospective Volunteer)**

- 30+ years experience in Organic Chemistry
- 6 Patents with DuPont Company (including patent for Stainmaster purification and formulation for Stainmaster carpeting)
- 1 Patent with Wyandotte Chemical (patent for oxidation of methylpyrazine for TB drug which was sold to Merck)
- Current member of American Chemical Society
- Experience using High-Performance Liquid Chromatography (HPLC) in working with Dyes at DuPont Company

**Catherine L. Lynch (Prospective Volunteer)**

- 15 years experience in the Health Care industry
- 15 years compliance with HIPAA and Health Care Regulatory Boards
- 8 years Employee Training
- 8 years Patient and Community Outreach and Education
- 6 years CPR Instructor for Health Care Providers

- Experience with 13 home renovation/design projects coordinating contractors in building/renovating/decorating
- Experience working part-time cashier in retail drug store, in pharmacy as technician, and closing registers/books for deposit at end of night

## **F. Qualifications and Experience**

### **3. Ability, Capacity, Skills, and Experience of the Organization**

- Ability, capacity, skills, and/or expertise in product quality standards and testing
  - C&C Compassion Center of Delaware, Inc. will have an agent in the Compassion Center with the needed skills and experience in product quality standards and testing. As of this time, we have a commitment from a retired DuPont Chemist to assist with our testing requirements. As noted above, Dr. Beck has 30+ years experience in Organic Chemistry – most of these years at the DuPont Company following very strict safety procedures to ensure product quality, content, ingredients, and consumer safety. He also has six Patents with DuPont Company (including patent for Stainmaster purification and formulation for Stainmaster carpeting) and one Patent with Wyandotte Chemical (patent for oxidation of methylpyrazine for a TB drug which was sold to Merck). He is a current member of American Chemical Society.
  - Dr. Beck has extensive experience using High-Performance Liquid Chromatography (HPLC) in working with in the Dyes Lab with the DuPont Company and will be able to share his experience with DPH in establishing quality standards for testing. Detailed testing procedures will be documented in detail prior to testing being initiated. C&C Compassion Center of Delaware, Inc. will welcome DPH to review the test procedures and assist in our testing to obtain experience with the processes. This partnership will assist DPH in creating Product Quality and Testing Standards. Please see Section I-4 “Testing Plan” for further details on our product testing plan.

## **F. Qualifications and Experience**

### **4. Staffing**

C&C Compassion Center of Delaware, Inc. staffing for principal officers, board members, employees, volunteers, or other agents will comply with the following rules and procedures.

#### **a. Eligibility**

A person is eligible to work with the C&C Compassion Center of Delaware, Inc. as a principal officer, board member, employee, volunteer, or other agent as long as they are at least 21 years old, have not been convicted of an excluded felony offense for a drug misdemeanor within five years of the date of proposal submission, and has not been found to have violated the dispensing limits referred to in the Act.

#### **b. Records**

C&C Compassion Center of Delaware, Inc. will maintain records according to the requirements in the Act and the Regulations for the following items:

- A personnel record for each agent, including any criminal activity or administrative reprimands; and
- Source of funds for the Compassion Center

#### **c. Background Checks**

All agents of the C&C Compassion Center of Delaware, Inc., including principal

officers, board members, employees, and volunteers will consent to a complete criminal history screening background check to demonstrate compliance with the eligibility requirements. This background check will be conducted prior to any work done on behalf of the Compassion Center, and will include:

- A State Bureau of Identification (SBI) criminal history screening check.
- A full nationwide criminal history screening check.

All applicable fees associated with the required criminal history screening background checks will initially be paid by the applicant, then reimbursed by the Compassion Center if applicant is cleared for hire.

d. Registry Identification Cards

All agents of C&C Compassion Center of Delaware, Inc., including principal officers, board members, employees, and volunteers, will be issued a registry identification card by the Department prior to any work done on behalf of the Compassion Center. The Department will issue an agent registration card within 30 days of receipt of a complete agent application, including background check reports. The agent shall report to the Department in person to receive their registry identification cards.

Registry identification cards will expire one year after issuance or at the expiration of the Compassion Center's license to operate, whichever comes first. Agent card renewal may be granted as long as eligibility is maintained by the agent and the Compassion Center.

Agent registry card applications, provided by the Department, shall be submitted for each agent to the Department for review and approval. Contents of the application will include:

- A written and signed statement from an officer or executive staff member of C&C Compassion Center of Delaware, Inc. stating that the applicant is associated with the Compassion Center and in what capacity.
- The name, Delaware address, and telephone number of the applicant.
- The name, address, and telephone number of C&C Compassion Center of Delaware, Inc.
- The applicant's signature and date.
- Applicant attestation statements indicating the applicant's compliance with the rules of the program, including not diverting marijuana or knowingly over dispensing marijuana.

The following items will be submitted with the application:

- Birth certificate verifying the applicant is at least 21 years of age.
- A reasonable xerographic copy of the applicant's Delaware license or comparable State of Delaware or Federal issued photo identification card verifying Delaware residence. Identification card must be available for inspection/verification at time of MMP card issuance.
- A non-refundable, non-returnable application or renewal fee of \$125.
- State of Delaware background criminal screening check results available through the State Bureau of Identification (SBI).
- Federal background criminal screening check results available through the FBI.

C&C Compassion Center of Delaware, Inc. will comply with the state Department Registry Identification Card process as outlined above.

## G. Location and Security of Compassion Center

### 1. Location

- a. C&C Compassion Center of Delaware, Inc. will be a facility built on "farmland" at 1278 Dexter Corner Rd. - Townsend Delaware. The property is surrounded by Blackbird State Forest, agricultural land, and a few residential properties.
- b. The property is located in lower New Castle County, approximately 3 miles south of Townsend and 6 miles north of Smyrna in an area locally known as "Blackbird". The facility will be easily accessible to Route 13 and Route 1 and centrally located (proportionately) to the population of Delaware. According the 2012 US Census Bureau estimates the total population of Delaware is 917,053. New Castle County population is 546,076. Kent County population is 167,626. Sussex County population is 203,390. Coming from the northern or southern part of the State, our facility will be approximately 2.5 miles west of Route 13, making an easy and less congested commute for Patients traveling from the north or south of the state.

In regard to zoning approval, we believe that this plant-based industry falls under agriculture in the New Castle County Unified Development Code and the Delaware State Code. **(See attached Delaware Code: Title 9, Chapter 26, Subchapter 1, Section 2601, Paragraph B.)** For reasons outlined in our cover letter, we feel it is of real importance and relevant to the success of this industry in Delaware and the nation to be identified closely with the farming/agricultural community. We have had ongoing conversations with our New Castle County Councilman, William Powers, who is a farmer, and Delaware Farm Bureau President, Gary Warren, both of whom are very supportive.

We have spoken to New Castle County planners as well and have received conflicting information. To date, we have yet to receive a definitive answer on zoning for our proposed property. We were recently advised to submit a zoning request verification document, which was hand-delivered to New Castle County on April 5, 2014 along with a check for \$300. It is our understanding that on Tuesday, April 8, 2014, at the weekly planning meeting there will be a decision made regarding our approval, and we will receive a written response. We expect full support of New Castle County for zoning approval. **See zoning documents attached.**

Last minute update: As of April 7, 2014, per Eileen Fogarty (General Manager – Department of Land Use, New Castle County, Delaware), we can pick up our land use zoning approval on April 8, 2014, at approximately 10:00am. Due to time constrains, this document will NOT be included on our CD's or hard copy of our proposal, but we will attempt to include the document in our proposal package, which will be hand delivered.

- c. The property (1278 Dexter Corner Rd- Townsend DE 19734) is located 3.52 miles from Townsend Elementary School and 6.10 miles from Providence Academy, the nearest schools in the proximity of our proposed facility location. **See MapQuest maps attached.**

## TITLE 9

### Counties

#### New Castle County

### CHAPTER 26. ZONING

#### Subchapter I. General Provisions

§ 2601 Power of County Council; area subject to regulation.

(a) The County Council may, in accordance with the conditions and procedure specified in this subchapter, regulate the location, height, bulk and size of buildings and other structures, the percentage of lot which may be occupied, the size of yards, courts and other open spaces, the density and distribution of population, the location and uses of buildings and structures for trade, industry, residence, recreation, public activities or other purposes and the uses of land for trade, industry, residence, recreation, public activities, water supply conservation, soil conservation or other similar purposes, in any portion or portions of New Castle County which lie outside of incorporated municipalities; provided however, that no such regulation or regulations promulgated pursuant to Chapter 30 of this title shall apply to any lands, buildings or other structures proposed to be used by or for any nonprofit corporation organized under the laws of this State and engaged at the time of such proposal in the operation in this State of 1 or more acute general hospital facilities for the purpose of such or similar operations, or to any lands, buildings or other structures of such corporation devoted to such operations. The territory lying within incorporated municipalities shall be included upon request made by the governing body or authority thereof.

(b) Notwithstanding subsection (a) of this section, no such regulation or regulations shall apply to any land, building, greenhouse or other structure proposed to be devoted to any agricultural use or which is devoted at the time of such proposal to agricultural use or to any land, building, greenhouse or other structure owned by a cooperative agricultural associations or a corporation which is or is proposed to be devoted to agricultural use. For the purposes of this subsection, any land, building, greenhouse or structure shall be deemed to be devoted to agricultural use if:

(1) The land, building, greenhouse or structure is assessed pursuant to § 8335 of this title;

(2) The land, building, greenhouse or structure is within an Agricultural Preservation District pursuant to Chapter 9 of Title 3;

(3) The person who owns, leases or otherwise controls the land, building, greenhouse or structure is required to implement a nutrient management plan or agricultural waste management plan for the same and the land, building, greenhouse or structure itself is devoted to or used in the production for sale of plants and animals useful to man, including but not limited to:

a. Forages and sod crops;

b. Grains and feed crops;

c. Dairy animals and dairy products;

d. Poultry and poultry products;

e. Livestock, including beef cattle, sheep, swine, horses, ponies, mules or goats, including the breeding and grazing of any or all of such animals;

f. Bees and apiary products;

g. Fish, hydroponic and aquacultural products;

h. Fur animals; and

i. Trees and forest products;

(4) The land, building, greenhouse or structure is devoted to and meets the requirements and qualifications for payments or other compensation pursuant to a soil conservation program under an agreement with an agency of the federal government;

(5) The land, building or structure is a farm market or roadside stand provided:

a. The products offered for sale are grown or produced on the subject farm or lands in agriculture production associated with such farm operation; or

b. The products are grown or produced on a local regional farm, and such farm market or roadside stand shall comply with the following provisions:

1. All buildings, structures and associated canopies shall comply with the building height setback requirements established by the local jurisdiction within its zoning ordinances. All construction shall conform to applicable building codes and building permit requirements as enacted by the local jurisdiction;

2. Off street customer parking shall be provided in accordance with the provisions of the zoning ordinance of the local jurisdiction provided that at least 1 parking space shall be provided for each 100 square feet of floor area of the establishment. The area of 1 parking space shall be equivalent to a standard parking stall of 9' x 18';



NEW CASTLE COUNTY

Request for Zoning Certification

DEPARTMENT OF LAND USE
87 READS WAY, NEW CASTLE, DE 19720
PHONE: 302-395-5400 • WWW.NCCDELU.ORG

REV. 7/06/09

Please note that a written response to a zoning certification application may take up to 20 working days from the receipt of a complete submission pursuant to UDC Section 40.31.330, and applications are processed in the order in which they are received.

Please Print All Information

Applicant Information (the certification will be mailed to this address)

Name: C.C. Compassion Center of Delaware

Address: 29 Del.C. Ch. 100 Freedom of Information Act

29 Del.C. Ch. 100 Freedom of Information Act

Daytime Phone Number: 29 Del.C. Ch. 100 Freedom of Information Act

Property Information

I need certification of zoning for the following tax parcel number: 14-022-00-096

located at: 1278 Dexter Corner Rd - Townsend, DE 19734

for the purpose of: Growing and dispensing medical marijuana

(briefly state intended use of property) medical marijuana Compassion Center and Growing facility

I need to know if the use described above is permitted in the zoning district.

Yvonne Coleman Elizabeth Cusack
Applicant Name (please print)

29 Del.C. Ch. 100 Freedom of Information Act

Signature of Applicant

4-2-2014
Date

Application Fee: \$75.00 per residential tax parcel
\$300 per non-residential tax parcel
(Make payable to New Castle County)



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33 DEFINITIONS &gt;&gt; 33.200 Use Definitions &gt;&gt; 33.210 Agricultural Uses



**SECTION 40.33.210 AGRICULTURAL USES**

**A. Agriculture.** These uses include crop production and animal production (NAICS 111 and 112). These uses also include any other agricultural use recognized by Delaware law.

**B. Clearing.** This use includes:

1. Forestry (NAICS 113) involving the management, harvesting and use of a forest or woodland, or the clearing of an area so that eighty (80) percent of the land shall at all times be in forest or woodland cover. It requires a management plan for the regrowth of the harvested areas; or
2. The clearing, destruction and cutting in excess of twenty (20) percent of forested areas for agricultural or purposes other than forestry. Clear cutting, burning or other methods of eliminating the vegetative cover are included; or
3. Any other types of clearing recognized by Delaware law as an agricultural use.

*(Amended September 22, 1998 by Ordinance 98-080)*

**C. Farmstead.** This is a residential-agricultural unit in which the land is used for agriculture and residential purposes by the owner/operator of the agricultural operation.

**D. Commercial stables.** The stabling, training, and feeding of horses, or the provision of riding facilities for other than the use of the resident of the property; this also includes riding academies. This is any structure or place where horses, mules, donkeys, or ponies are kept for riding, driving, or stabling for compensation or incidental to the operation of any club, association, ranch or similar establishment.

**E. Farm Market.** This is a temporary or permanent use, structure or vehicle for the sale of agricultural products at least fifty (50) percent of which are grown on the subject farm. More than one (1) farm may sell at a single stand.

*(Amended September 22, 1998 by Ordinance 98-080)*

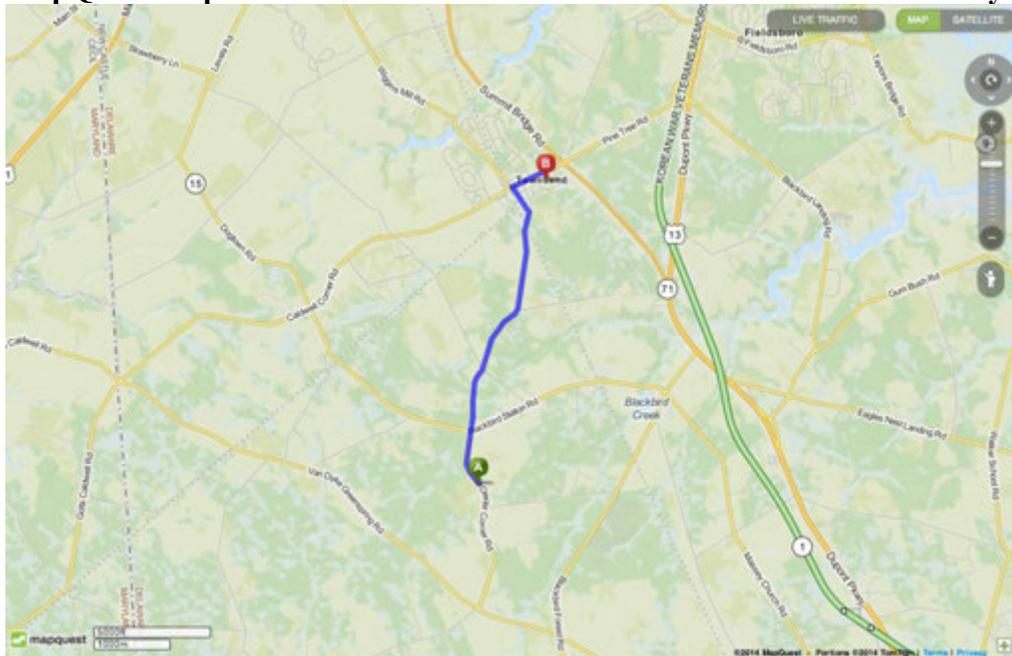
33 DEFINITIONS >> 33.200 Use Definitions >> 33.221 Home Uses >> Cottage Industry



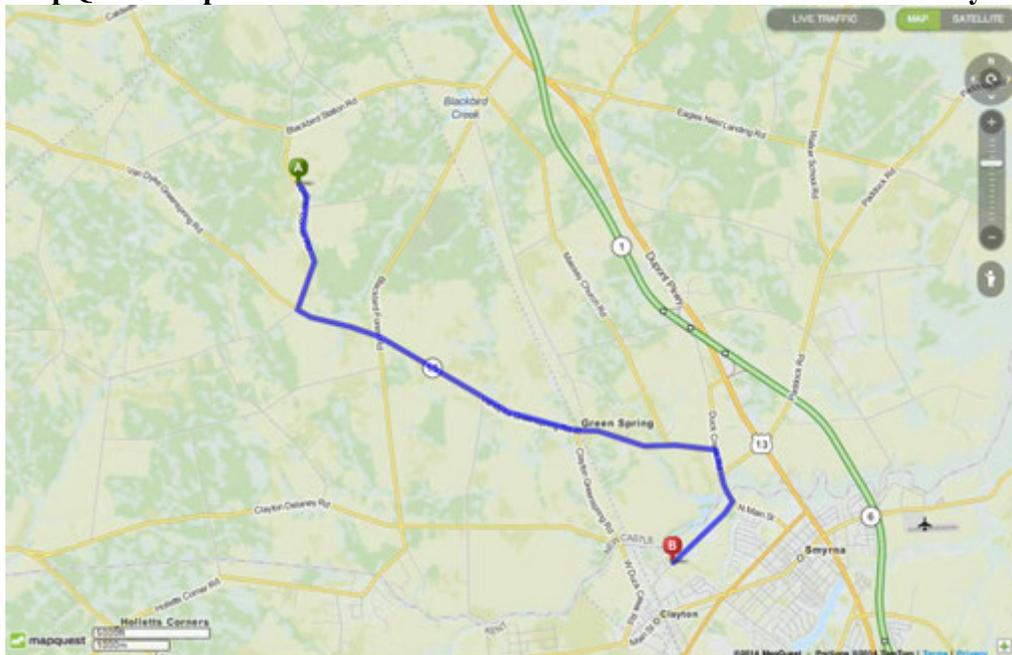
**D. Cottage Industry.**

1. An industrial or intensive use(s) conducted on a lot with a residential dwelling unit. Up to six (6) employees may be employed in addition to family members. Farm workers are not included.
2. This use includes, but is not limited to, businesses related to agriculture, trucking operations, small automotive repair shops, septic system service, well service, carpentry, upholstery, woodworking, potteries, glassworks and other similar uses. It includes screened outdoor storage areas.

**MapQuest Map from 1278 Dexter Corner Road to Townsend Elementary School**



**MapQuest Map from 1278 Dexter Corner Road to Providence Academy**



## G. Location and Security of Compassion Center

### 1. Location

- d. The property is co-owned by Don F. Coleman and Compassion Center applicant, Yvonne F. Coleman. At the time of contract award, a legal lease will be drafted by Charles J. Durante to lease agricultural land/acreage. The proposed lease (approximately 11 acres) will be between Yvonne and Don Coleman (under an LLC) and C&C Compassion Center of Delaware, Inc. Said property is presently part of existing farmland at 1278 Dexter Corner Road. Property tax parcel number and address may change when intended parcel is subdivided (see letter from Bakhsh Surveyors). The 11 acre parcel will be ready for construction to begin within two weeks of contract award as proposed and in keeping with the zoning regulations under agriculture. See attachment with tax parcel information including ownership verification.



RE: Agricultural Parcel  
Job No. 13149

Dear Mrs. Coleman:

This letter shall serve as meeting notes of our conversation of April 2, 2014. It is feasible to create an 11 acre agricultural parcel on your 114 acre farm located at 1278 Dexter Corner Road, Tax Parcel Number 14-022.00-096. This firm will prepare a plan of the eleven acre parcel and provide your attorney a legal description of same. I expect to have our work completed within two weeks of receiving your permission to proceed.

Sincerely,  
29 Del.C. Ch. 100 Freedom of Information Act

Roger D. Brickley, PLS

RDB/trb

**Parcel # 1402200096**

**Property Address:** 1278 DEXTER CORNER RD  
TOWNSEND, DE 19734-  
**Subdivision:** COLEMAN SUBD  
**Owner:** COLEMAN DON F & YVONNE F  
1326 DEXTER CORNER ROAD  
**Owner Address:**  
TOWNSEND, DE 19734  
**Municipal Info:** Unincorporated

<b>Lot #:</b> REMLNDS	<b>Property Class:</b> FARMLAND
<b>Location:</b>	<b>Lot Size:</b> 114.36
<b>Map Grid:</b> 06802640	<b>Lot Depth:</b> 0
<b>Block:</b>	<b>Lot Frontage:</b> 0
<b>Census Tract:</b> 168.01	<b>Street Finish:</b>
<b>Street Type:</b>	
<b>Water:</b>	
<b>Microfilm #:</b> 200201140004117	

Related Project Plans				
	A/P No.	Project Name	Work Type	Status
<u>Details</u>	20001471	COLEMAN, DON F.		COMPLETE
<u>Details</u>	20010776	COLEMAN, DON F AND YVONNE	MINOR LAND DEVELOPMENT	RECORDED/RESOLV

**District & Zoning Info**

**Districts**

- **FIRE/RESCUE - TOWNSEND**
- **APPOQUINIMINK SCHOOL DIST-TRES**
- TRAFFIC ZONE T196 (YR2000)
- PLANNING 7 - MOT
- WETLANDS-LU
- DE REP 11-JEFFREY N SPIEGELMAN
- SOUTH OF C & D CANAL
- DE SEN 14-BRUCE C ENNIS
- BLUELINE STREAM 100FT BUFFER
- COUNCIL 6 -WILLIAM E POWERS JR

**Zoning**

- SR - UDC - SUBRBAN RESERVE

**Sales History**

Owner	Deed	Current Owner?	Multi?	Sale Date	Sale Amount
COLEMAN DON F & YVONNE F	2316 152	Y	N	8/19/1997	\$10.00
	20050204 0012693	N	N	1/14/2005	\$6,700.00

**Tax/Assessment Info**

**Assessment**

**Land:** 102900  
**Structure:** 3300  
**Homesite:** 0  
**Total:** 106200  
**County Taxable:** 3300  
**School Taxable:** 3300

**Tax History as of 3/23/2014 10:53:44 AM**

Tax Year	County				School			
	Principal Due	Penalty Due	Date Paid	Amt Paid	Principal Due	Penalty Due	Date Paid	Amt Paid
2010A	\$0.00	\$0.00	1/4/2011	\$25.83	\$0.00	\$0.00	1/4/2011	\$56.68
2011A	\$0.00	\$0.00	9/30/2011	\$24.12	\$0.00	\$0.00	9/30/2011	\$52.59
2012A	\$0.00	\$0.00	8/30/2012	\$23.99	\$0.00	\$0.00	8/30/2012	\$57.84
2013A	\$0.00	\$0.00	10/15/2013	\$25.39	\$0.00	\$0.00	10/31/2013	\$66.56
	\$0.00	\$0.00	Not Available	\$0.00	\$0.00	\$0.00	Not Available	\$0.00

**County Balance Due:** \$0.00

**School Balance Due:** \$0.00

These amounts are valid through the last day of the month. For accounts with delinquent balances, statutory penalty will accrue on the first day of next month.

**Residence Characteristics**

**Residence 0**

<b>Building Design:</b> COLONIAL <b>Grade:</b> POOR <b>Year Built:</b> 1900 <b>Total Area (sq. ft.):</b> 1050 <b># Rooms:</b> 6 <b># 1/2 Baths:</b> 0 <b># Fam. Rooms:</b> 0 <b>Roof Type:</b> GABLE <b>Exterior Wall:</b> WOOD SIDING <b>Floor Finish:</b> WOOD <b>Garage Capacity:</b> 0 <b>Basement % Finished:</b> <b>Attic % Finished:</b> <b>Unfinished %:</b> <b>Heat Type:</b> HOT AIR <b>Remodel Year:</b> 0	<b>Residence Class:</b> SFD ON > 10 AC. <b>Condition:</b> VERY POOR <b># Stories:</b> 2 <b>Main Floor Area:</b> 600 <b># Bedrooms:</b> 3 <b># Full Baths:</b> 0 <b># Fixtures:</b> 0 <b>Roof Material:</b> METAL <b>Interior Wall Finish:</b> PLASTER <b>Foundation:</b> CONTINUOUS <b>Basement %:</b> <b>Basement Finish Type:</b> NO BASEMENT FINISH  <b>Unfinished Area:</b> 0 <b>Air Conditioning:</b>
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[REDACTED]



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## H. Bidder References

Include the names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used.

As evidenced in the resumes included in Section F “Qualifications and Experience” of this proposal, we (Bidders, Board Members, Proposed Staff, Proposed Volunteers, and Consultants) have the relevant skills and experience to carry out this project. We have also built relationships with experts in the medical marijuana industry, and we will consult with these resources when needed.

Our resumes include the details of our comparable skills and experience in:

- Development / Business Management / Management / Leadership
- Horticulture / Farming
- Building Construction / Maintenance
- Administration of State of Delaware Contracts
- Quality Assurance / Auditing / Compliance / Information Security
- Policies & Procedures / Documentation
- Non-Profit Enterprises
- Analytical Testing
- Retail Pharmacy / Inventory Control / Compassionate Patient Customer Service
- Training and Outreach
- HIPAA / OSHA Regulatory Compliance

Contracts awarded to it or its predecessor firm(s) by the State of DE; during the last three years, by State Department, Division, Contact Person, period of performance and amount.

- **Contract 1**

Yvonne F. Coleman (Director of Programs and Services for Thrive Real Life Independence) does not have a contract with the State of Delaware, but she is listed in this contract as Director of Programs and Services. Because Yvonne is NOT an owner of Thrive and not responsible for all operational/financial decisions we feel that this may not need to be listed. However, in order to provide complete transparency, information regarding this contract follows:

Contract: Supported Employment Services, Day Habilitation, and Prevocational Services

State Department: Delaware Health and Social Services

State Division: DDDS

Contact Person: Pat Weygant

Address: 1056 South Governor's Avenue, Suite 101, Dover DE 19904

Phone: 302-744-9600

- **Contract 2**

Yvonne F. Coleman (Director of Programs and Services for Thrive Real Life Independence) does not have a contract with the State of Delaware, but she is listed in this contract as Director of Programs and Services. Because Yvonne is NOT an owner of Thrive and not responsible for all operational/financial decisions we feel that this may not

need to be listed. However, in order to provide complete transparency, information regarding this contract follows:

Contract: Vocational Rehabilitation Services

State Department: Delaware Health and Social Services

State Division: Division of Vocational Rehabilitation

Contact Person: Andrea Guest

Address: 4425 North Market Street, Wilmington DE 19802

Phone: 302-761-8300

## I. Proposed Methodology and Work Plan

### 1. Products and Services Provided

The C&C Compassion Center of Delaware, Inc. will initially grow three strains of marijuana: Sativa plants high in THC, Indica plants high in CBD, and hybrid Sativa/Indica plants, closer to 1:1 THC to CBD. The specific number strains of plants (nor more than 150 total) will be determined in conjunction with the Department once the debilitating medical conditions of the current, qualified medical marijuana Patients are understood.

We will purchase feminized seeds - seeds bred to contain no male chromosomes, which ensures that every plant grown from a feminized seed will flower as a female and be able to produce the crop of resinous buds. Feminized seeds are the ideal choice, since the number of seeds purchased and germinated usually equals the number of plants harvested.

29 Del.C. Ch. 100 Freedom of Information Act

Once the 150-plant restriction is removed, we will purchase additional Sativa and Indica strains to offer several more choices of product for our Patients. We will also propagate our growth by cloning mother plants from our initial 150 plants.

The C&C Compassion Center of Delaware, Inc. will offer and produce tinctures and oils made on-site. The required equipment will be purchased after the initial seeds are planted (July timeframe), and an agent with related experience will make the tinctures and oils once product is available (September/October timeframe). See tincture instructions under “Training” section of document.

When the Department permits, C&C Compassion Center of Delaware, Inc. would also propose to prepare and provide cannabis in edible forms. Food products can be infused with medical cannabis concentrates and are a great way of consuming cannabinoids for a Patient who is not interested in smoking or vaporizing their medicine or for a Patient who is unable to smoke.

In observance of the State of Delaware “Clean Indoor Air Act”, we will encourage options other than smoking the medical marijuana. The C&C Compassion Center of Delaware, Inc. will carry a small stock of vaporizers (such as Ploom brand Vaporizers) and rolling papers for Patient education purposes and to sell as requested by our Patients. These products will be purchase by C&C Compassion Center of Delaware, Inc. in the August/September timeframe). During Patient education (September/October timeframe), we will provide recipes for edible products that our Patients can make in addition to providing our Patients a list of local shops and online web sites that sell other paraphernalia. Products purchased online are often times less expensive then purchasing at a retail store, and we will provide our Patients with that option.

Once the 150-plant restriction is removed, we plan to carry a wider selection of vaporizers and non-smoking related paraphernalia to have available for our Patients.

Listed below is a sample of stores where Patients can purchase other paraphernalia, and this type of information will be included in our Patient education packet.

Books and Tobacco Inc.  
4555 Kirkwood Hwy, Wilmington, DE  
Mill Creek Shopping Center  
(302) 994-3156

Crystal Dragon  
3050 N DuPont Hwy, Dover, DE  
(302) 730-1264

Frolic On Main Street  
170 E Main St # 2, Newark, DE  
(302) 283-1300 · frolicglass.com

Head Quarters Smoke Shop  
151 E Main St, Newark, DE  
(302) 525-6718

Below are two examples of Ploom vaporizer products. Vaporization is an empowering alternative method of consuming plant materials. A vaporizer extracts the active ingredients of plant materials by using a heating element to heat up plant material (instead of burning it using a flame), resulting in zero combustion and eliminating both smoke and second-hand smoke. As with all vaporizers, Ploom utilizes conduction heating – heating the plant material through direct contact. These two vaporizers deliver pure, clean vapor.



# THE PLOOM

\$39.95



reddot award 2014  
product design winner



## revolutionary way to enjoy real tobacco in style

Ploom modelTwo is a handheld device for warming our proprietary tobacco pods just enough to release their flavor in the form of a delicious, satisfying vapor. You can ploom four to five flavorful pods on each charge.

### Includes:

- 1 Ploom with Mouthpiece
- 1 Ploom Instruction Manual
- 1 USB charging station

## Adequate Supply of Drug and Paraphernalia

Based on the current legislative limits of growing no more than 150 plants, C&C Compassion Center of Delaware, Inc. estimates the following number of Patients could be serviced at the estimated rates of Patient consumption outlined below. **Please note that the current state rule allows for Patients to purchase up to 3 oz. of medical marijuana every 14 days.** However, our research in Colorado and New Jersey shows that medical marijuana purchases average 1 oz. per month per medical marijuana purchasing Patient.

150 seeds planted on July 1<sup>st</sup>, anticipating 90% grow and take 3 months for product to be available to Patients:

150 plants = approx. 10 lbs. product = approx. 160 oz. product available divided evenly over three months = approx. 50 oz. of product available each month

- Average Patient to purchase 1 oz./month = approx. 50 Patients served per month
- Average Patient to purchase 1.5oz./month = approx. 30 Patients served per month

900 plants grown after initial 150 harvest, anticipating 90% grow and take 3 months for product to be available to Patients:

900 plants = approx. 60 lbs. product = approx. 960 oz. product available divided evenly over three months = approx. 320 oz. or product available each month

- Average Patient to purchase 1 oz./month = approx. 300 Patients served per month
- Average Patient to purchase 1.5 oz./month = approx. 180 Patients served per month

Paraphernalia, as proposed above, will be available at the C&C Compassion Center of Delaware, Inc. for retail sale. A limited supply of paraphernalia will be readily available at our Compassion Center and will be replenished as units are sold or as the need arises. A few samples of paraphernalia will be on-hand to show and handle (not use) during Patient and Designated Caregiver education.

**I. Proposed Methodology and Work Plan**  
**2. Packaging and Labeling**

All usable marijuana cultivated and harvested at C&C Compassion Center of Delaware, Inc. will be issued in a sealed, tamperproof, and labeled container in compliance with the Act (4919A) and associated Regulations. We plan to use containers that are airtight, moisture resistant, and have an odor proof design.

C&C Compassion Center of Delaware, Inc. will sell medical marijuana to Patients in special packaging that is child-resistant but not difficult for adults to use. The packaging will be listed on the United States Consumer Product Safety Commission’s website.

Labels for C&C Compassion Center of Delaware, Inc. products will include:

- Our Compassion Center name (C&C Compassion Center of Delaware, Inc.)
- Name of the Patient and Patient registry card number
- Name of the marijuana strain
- A batch number or bar code number traceable through inventory controls
- The quantity of marijuana being dispensed
- The statement “This product is for medical use only, not for resale.”
- Statement that “This product is free of contaminants”
- Test results indicating the levels of active ingredients in the marijuana (including minimum results of Maximum THC percentage, Maximum CBD percentage, Total Cannabinoids percentage, and Total Active Cannabinoids percentage)

See Section I-11 for additional details related to Agrisoft Development Group - Seed to Sale software, and how this software addresses packaging and labeling requirements.

Several packaging types and sizes will be used for selling products to Patients. A few samples of product packaging are included below:

Manufacturer: Philips Rx Packaging LLC

Model: Rx Squeeze Vial, ASTM Type: Type IIIE(3)

Description:

This is a one-piece plastic vial and snap closure attached with a captive hinge. There is a child-resistant (CR) version of this package. The CR package is opened by simultaneously squeezing two specific points on the plastic vial, which causes the snap closure to flip open. The squeeze points are located at the top of the vial and are 180 degrees apart. Each squeeze point is designated by a set of 7 vertical ridges.



Manufacturer: Van Blarcom Closures Inc.

Model: Saf-Cap I, ASTM Type: IA

Description: This is a two-piece plastic/plastic continuously threaded closure. The closure is opened by pushing down on the closure and simultaneously turning it counterclockwise.

The manufacturer's instructions on the closure.



Opaque, Child Proof Bottles – Airtight, Moisture Resistant, and Odor Proof Design in multiple sizes



Oral Dispenser (syringe) with Tip Cap (for use with oils, tinctures)



**I. Proposed Methodology and Work Plan**  
**3. Operations Manual**

When C&C Compassion Center of Delaware, Inc. is selected for the pilot, we will create a detailed Operations Manual, which will be maintained on the premises at all times. Employees and other agents of the Compassion Center will be educated on the Operations Manual upon hire, and Employees will sign-off that they received the education. C&C Compassion Center of Delaware, Inc. will work closely with the Department to ensure that the Operations Manual is current and meets Department requirements. The Operations Manual will be available for review by the Office upon request, and the operations manual will include, at a minimum, the following:

- a. Procedures for the oversight of the Compassion Center including, but not limited to, documentation of the reporting and management structure of the Compassion Center. Initially, C&C Compassion Center of Delaware, Inc. employees, agents, and volunteers will report directly to Owners.
- b. See Section I-7 “Required Training” for procedures for safely dispensing medical marijuana to registered qualifying Patients or their Designated Caregiver. This information will also be included in the Operations Manual.
- c. Procedures to ensure accurate record keeping, including protocols to ensure that quantities purchased do not suggest re-distribution. (See Section I-11 – “Agrisoft Development Group Seed to Sale Software” for additional details on record keeping.)
- d. Employee safety and security policies, including a disaster plan with procedures to be followed in case of fire or other emergencies will be documented in detail in the Operations Manual. This information will be documented in partnership with the selected Security contractor.
- e. Personal safety, employee theft, and crime prevention techniques and procedures will be documented in detail in the Operations Manual in partnership with the contracted Security contractor.
- f. A job description or employment contract developed for all employees and a volunteer agreement for all volunteers, which includes duties, responsibilities, authority, qualification and supervision. (See also Section F-2 for detailed job descriptions.)
- h. The Compassion Center’s alcohol and drug free work place policy (see DRAFT policy below).

**DRAFT – OPERATIONS MANUAL  
DRUG-FREE WORKPLACE POLICY STATEMENT  
(based on the State of Delaware’ Drug-Free Workplace Policy Statement)**

**NOTE: This document will be revised/updated in partnership with C&C Compassion Center of Delaware, Inc. and the Department to address the Medical Marijuana state-level approved business.**

Congress passed the Drug-Free Workplace Act of 1988, requiring the certification of federal grantees of a drug-free workplace, and the C&C Compassion Center of Delaware, Inc. supports that Act in compliance with Title 16 Health & Safety Food and Drugs – Chapter 49A The Delaware Medical Marijuana Act.

For these reasons, the C&C Compassion Center of Delaware, Inc. adopts the following regulations on drug-free workplace requirements for its employees:

(a) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in all places where C&C Compassion Center of Delaware, Inc. employees work, including all C&C Compassion Center of Delaware, Inc. -owned vehicles. A controlled substance is one, which appears in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812). As a condition of employment, each employee shall abide by this prohibition and shall notify C&C Compassion Center of Delaware, Inc. Management if he/she is convicted under any criminal drug statute for a violation occurring in the workplace as provided by paragraph (b) below. Violation of such prohibition shall result in personnel action against the employee, as set out in the attached schedule, which shall include action up to and including termination, and/or satisfactory participation in an approved drug abuse assistance or rehabilitation program. The C&C Compassion Center of Delaware, Inc. has no obligation to pay for such a program.

All violations of the above policy shall be reported to the C&C Compassion Center of Delaware, Inc. Management, who shall report the violation to the appropriate police authority. Personnel action shall be taken in all cases of a chargeable offense under 16 Del.C. Chapter 47 or comparable federal law; however, a conviction of the charged offense shall not be necessary to take personnel action against the employee for a violation of the policy. The employee against whom such a personnel action is taken shall be entitled to due process pursuant to 29 Del.C. Chapters 59 and 101, as applicable.

Nothing in this policy shall preclude the C&C Compassion Center of Delaware, Inc. from taking concurrent and/or independent personnel action against the employee under any applicable state law, rules and regulations.

(b) All employees shall notify C&C Compassion Center of Delaware, Inc. management in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the attached schedule. Within ten days of receiving notice of any employee convicted as described above, the agency head shall notify the federal agencies providing grants to and through the agency.

(c) Within 30 days of receiving notice of any employee convicted as described in section (b), C&C Compassion Center of Delaware, Inc. management will:

- (1) Take appropriate personnel action against such an employee, up to and including termination; or
- (2) Require such employee to participate satisfactorily in a Drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

C&C Compassion Center of Delaware, Inc. may take such action prior to conviction.

(d) The C&C Compassion Center of Delaware, Inc. shall give each employee a copy of the statement set out in sections (a), (b) and (c), above, and post it prominently throughout the areas where employees work. Each employee shall sign duplicate copies of the statement; one copy shall be placed in the employee's personnel file, and the other shall be placed in a compliance file for purposes of audit.

(e) The C&C Compassion Center of Delaware, Inc. will establish and implement a program to inform employees about:

- (1) The dangers of drug use in the workplace;
- (2) C&C Compassion Center of Delaware, Inc.'s policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

(f) The C&C Compassion Center of Delaware, Inc. shall make a good faith effort to continue to maintain a drug-free workplace through the implementation of this policy, and ensuring that all new employees are informed of the policy through the measures set out in section (d) and (e).

(g) C&C Compassion Center of Delaware, Inc. employees who violate this policy shall be penalized in accordance with the following schedule. The aggravating and mitigation circumstances of each case should be considered in determining the penalty appropriate for the violation.

	<b>VIOLATION</b>	<b>MINIMUM TO MAXIMUM PENALTIES</b>
1.	Unlawful possession, use or consumption of a controlled substance or counterfeit controlled substance, in an amount that is typical of immediate personal use.	From three days suspension without pay and/or participation in drug abuse program up to and including termination.
2.	Unlawful possession or use of a hypodermic syringe or of drug paraphernalia.	From three days suspension without pay and/or participation in drug abuse program up to and including termination.
3.	Unlawful possession of a controlled substance or a counterfeit controlled substance, in an amount that is greater than that which is typical of immediate personal use.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.
4.	Unlawful delivery or distribution of a hypodermic syringe.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.
5.	Unlawful delivery, distribution or manufacture of	From one month suspension without

	drug paraphernalia.	pay and mandatory participation in drug abuse program up to and including termination.
6.	Unlawful delivery or distribution of a controlled substance, of a counterfeit controlled substance or of a non-controlled substance under the representation that the substance is a narcotic or nonnarcotic controlled substance in an amount that is typical of immediate personal use.	From one month suspension without pay and mandatory participation in drug abuse program up to and including termination.
7.	Unlawful delivery or distribution of a controlled substance, of a counterfeit controlled substance or of a non-controlled substance under the representation that the substance is a narcotic or nonnarcotic controlled substance, in an amount that is greater than that which is typical of immediate personal use.	Termination.
8.	Unlawful delivery or distribution to a minor of a hypodermic syringe, of drug paraphernalia, or of any amount of a controlled substance, a counterfeit controlled substance, or a non-controlled substance under the representation that the substance is a narcotic or nonnarcotic controlled or substance.	Termination.
9.	Trafficking, as defined in 16 Del. C. Section 4753A or in comparable federal law.	Termination.
10.	Failure to report conviction pursuant to section (b) of this policy. From one month suspension without pay and mandatory participation in drug abuse program, up to and including termination.	Termination.

NOTE: The above violations should be read in conjunction with 16 Del.C. Chapter 47 and the definitions contained therein and with comparable federal law.

I hereby acknowledge that I have been given a copy of the Drug-Free Workplace Policy Statement, including the schedule of violations and penalties, and (have read/have been read) the same.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## **I. Proposed Methodology and Work Plan**

### **3. Operations Manual**

- i. See Section I-6 “Outreach Plans” for a detailed description of C&C Compassion Center of Delaware, Inc.’s outreach activities to registered qualifying Patients or their Designated Caregiver, as defined in this Scope of Services.
- j. See Section I-2 “Packaging” for a description of the packaging of the usable marijuana that C&C Compassion Center of Delaware, Inc. will utilize in the retail store for storage and used to disperse the drug to the Patient or Designated Caregiver.
- k. A description and example of the document that will accompany a registered Compassion Center agent when transporting marijuana on behalf of the registered Compassion Center. (See the following DRAFT Transport rules. This is a future requirement.)

## **DRAFT – OPERATIONS MANUAL**

### **Medical Marijuana Transporting Rules**

Upon approval of transporting medical marijuana by the Office of Medical Marijuana, C&C Compassion Center of Delaware, Inc. will work with the Office to document and finalize rules for transporting medical marijuana. At a minimum, the tracking will begin with the use of Agrisoft's seed to sale tracking software, which will reconcile associated transaction history, sales receipts, and a valid transport manifest. The Rules for Transporting Medical Marijuana will prescribe the manner in which licensed entities will track inventory in the transport process to prevent diversionary practices.

Rules for transporting medical marijuana below:

Persons Authorized to Transport. The only Persons authorized to transport Medical Marijuana are those individuals licensed by the State Licensing Authority. An individual who does not possess a current and valid MMP Registry Card from the State Licensing Authority may not transport Medical Marijuana.

Transport Manifest Required. A Licensee may only transport Medical Marijuana if he or she has a hard copy of a transport manifest that contains all the information required by this rule and shall be in the format prepared by the State Licensing Authority. A Licensee may transport Medical Marijuana from an originating location to multiple destination locations so long as the transport manifest correctly reflects the specific inventory destined for specific licensed locations.

Motor Vehicle Required. Transport of Medical Marijuana shall be conducted by a motor vehicle that is properly registered in the state of Delaware pursuant to motor vehicle laws, but need not be registered in the name of the Licensee.

Documents Required During Transport. Transport of Medical Marijuana shall be accompanied by a copy of the originating Medical Marijuana Business, the driver's valid motor vehicle operator's license, and all required vehicle registration information.

Use of Delaware Roadways. State law does not prohibit the transport of Medical Marijuana on any public road within the state of Delaware as authorized in this rule. However, nothing herein authorizes a Licensee to violate specific local ordinances or resolutions enacted by any city, town, city and county, or county related to the transport of Medical Marijuana.

#### Preparation of Medical Marijuana for Transport

- **Final Weighing and Packaging.** C&C Compassion Center of Delaware, Inc. shall comply with the specific rules associated with the final weighing and packaging of Medical Marijuana before such items are prepared for transport pursuant to this rule.
- **Preparation in Limited Access Area.** Medical Marijuana shall be prepared for transport in a Limited Access Area, including the packing and labeling of Shipping Containers.
- **Shipping Containers.** All Shipping Containers must be affixed with a bar code tag prior to transport. Sealed packages or Containers may be placed in larger Shipping Containers, so long as such Shipping Containers are labeled with type and amount of Medical Marijuana contained therein. The contents of Shipping Containers shall be easily accessible and may be inspected by the State Licensing Authority and state and local law enforcement agency for a purpose authorized by the Medical Code or for any other state or local law enforcement purpose.

### Creation of Records and Inventory Tracking

- Use Transport Manifest. Licensees who transport Medical Marijuana shall create a transport manifest to reflect inventory that leaves the Licensed Premises for destinations to other locations. The transport manifest may either reflect all deliveries for multiple locations within a single trip or separate transport manifests may reflect each single delivery. In either case, no inventory shall be transported without a transport manifest.
- Copy of Transport Manifest to Receiver. A Licensee shall provide a copy of the transport manifest to each Patient receiving the inventory described in the transport manifest. In order to maintain transaction confidentiality, the originating Licensee may prepare a separate transport manifest for each receiving Patient.
- The transport manifest shall include the following:
  - Departure date and approximate time of departure;
  - Name, location address, and license number of the originating Medical Marijuana Business;
  - Name, location address, and registry card number of Patient;
  - Product name and quantities (by weight or unit) of each product to be delivered to each specific destination location(s);
  - Arrival date and estimated time of arrival;
  - Delivery vehicle make and model and license plate number; and
  - Name, registry card number, and signature of the Licensee accompanying the transport.

Inventory Tracking. In addition to all the other tracking requirements set forth in these rules, C&C Compassion Center of Delaware, Inc. shall be responsible for all the procedures associated with the tracking of inventory that is transported between Licensed Premises.

- Responsibilities of Originating Licensee. Prior to departure, the originating Medical Marijuana Business shall adjust its records to reflect the removal of Medical Marijuana. Entries to the records shall note the transport manifest and shall be easily reconciled, by product name and quantity, with the applicable transport manifest.
- Responsibilities of Patient. Upon receipt, the receiving Patient shall ensure that the Medical Marijuana is received as described in the transport manifest and shall immediately adjust its records to reflect the receipt of inventory. Entries to the inventory records shall note the transport manifest and shall be easily reconciled, by product name and quantity, with the applicable transport manifest.
- Discrepancies. A receiving Patient shall separately document any differences between the quantity specified in the transport manifest and the quantities received. Such documentation shall be made in the online tracking system (Agrisoft) and in any relevant business records.

- l. See Section I-4 “Testing Plan” for detailed procedures regarding the testing of medical marijuana as required in the RFP Scope of Services.
- m. See Section I-5 “Growing Strategy” for detailed procedures of the methodology proposed to grow, cultivate, harvest, and prepare the marijuana for use by the registered Patients.
- n. Sanitary Requirements - Reasonable measures and precautions will be taken to ensure the following:
  1. That any Person who, by medical examination or supervisory observation, is shown to have, or appears to have, an illness, open lesion, including boils, sores, or infected wounds, or any other abnormal source of microbial contamination for whom there is a reasonable possibility of contact with preparation surfaces for Medical Marijuana shall be excluded from any operations which may be expected to result in such contamination until the condition is corrected;
  2. That all Persons working in direct contact with preparation of Medical Marijuana shall conform to hygienic practices while on duty, including:
    - a. Maintaining adequate Personal cleanliness.
    - b. Washing hands thoroughly in an adequate hand-washing area(s) before starting work and at any other time when the hands may have become soiled or contaminated.
    - c. Refraining from having direct contact with preparation of Medical Marijuana if the Person has or may have an illness, open lesion, including boils, sores, or infected wounds, or any other abnormal source of microbial contamination, until such condition is corrected.

## I. Proposed Methodology and Work Plan

### 3. Operations Manual

#### 1. Required Usage Reporting:

A Monthly Usage Report (following example Appendix G: Monthly Usage Report) will be furnished on the 15<sup>th</sup> (or next business day after the 15<sup>th</sup> day) of each month by C&C Compassion Center of Delaware, Inc. in Excel format delivered electronically detailing the purchasing of all items on the contract per Page 39 of the RFP. The report will be submitted electronically as an attachment to 29 Del.C. Ch. 100 Freedom of Information [REDACTED]. It is understood that any exception to this mandatory requirement may result in cancellation of the contract. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

Per Page 39 of the RFP, C&C Compassion Center of Delaware, Inc. will submit regular reports listing retail sales and inventory status. Report frequency will be determined in partnership with the Department.

All empaneled patients receiving dispensed medical marijuana from the Compassion Center will be reported by the Compassion Center on the usage reports. Patients are reported for all income levels, as well as, patients who paid on a sliding fee or reduced fee scale.

**C&C Compassion Center of Delaware will work closely with the Department to define the specific fields and information to be included in these required reports (including the Monthly Usage Report, Retail, and Inventory Status Reports, etc.).**

## I. Proposed Methodology and Work Plan

### 4. Testing Plan

C&C Compassion Center cannabis diagnostics will initially be completed in-house. Based on our research and detailed communications with CannLabs – the Nation’s Premier Cannabis Testing Laboratory in Denver Colorado – we will initially conduct testing as defined below. Once the 150-plant restriction is removed, we plan to partner with CannLabs to expand our testing lab and have already consulted with CannLabs about the cost and timeframe to implement this initiative.

Our in-house testing will include the following testing, as required by the Department:

- Cannabis potency testing
- Mold and fungus screening
- Pesticide analysis

#### **Cannabis Potency Testing:**

Accuracy of the testing is a result of the sample preparation. When it comes to medicinal cannabis testing, the quality of the test is completely dependent on the quality of the sampling from harvest to lab.

A sample that represents the product as a whole will be selected. This means:

- Choosing multiple flower clusters for the lab sample
- Each grow area will be sampled
- When possible, flowers from all sections of the grow are preferred for the most accurate results
- Clean sample containers will be used

In the lab, utensils will be kept sterile between sample preparations to ensure no cross-contamination.

Highly accurate analytical balances will be used to weigh the samples to ensure a precision result.

Samples will be extracted in containers certified for cleanliness using solvent certified for purity. Samples will not be handled or heated too much before testing to ensure amounts of cannabinoids present are not changed.

We plan to test samples for a variety of cannabinoids including: CBC, CBD, CBDA, CBG, CBN, THC, and THCA using High-Performance Liquid Chromatography (HPLC) and/or Ultra-High Performance Liquid Chromatography (UPLC). This equipment can accurately separate and measure the cannabinoid content of any sample of flower, concentrate, or other cannabis product.

Approx. Sample size:

Flowers: 29 Del.C. Ch. 100 Freedom of Information Act

Tincture: 29 Del.C. Ch. 100 Freedom of Information Act

### **Mold and Fungus Screening:**

C&C Compassion Center of Delaware, Inc. will use all natural methods to deter the growth of mold or fungus. Each plant will be monitored with special care to ensure optimum health through all phases of growth. We will use preventative strategies to deter mold growth, which include proper fertilizer, water, ventilation, humidity and heat combinations. If mold is detected, we will use natural remedies such as [REDACTED] etc. to eradicate, and plants will be trimmed or destroyed, if necessary.

We plan to complete thorough microscopic analysis at high magnification to ensure safety of products. Results will be expressed as per industry standard and in collaboration with Department recommendations.

Approx. Sample size: [REDACTED]

### **Pesticide Analysis:**

C&C Compassion Center of Delaware, Inc. will avoid the use of pesticides, as outlined in the RFP requirements. We will use preventative, natural, and organic pest control as per industry standards and allowable per Department recommendation. [REDACTED]

[REDACTED] are a few examples of products used to prevent and deter pests/disease (such as spider mites, gnats, white fly, and thrips) that are common to cannabis.

Even though we will not use pesticides, we will screen for pesticides (as required by RFP) using chromatographic analysis to ensure and document that our medical marijuana is pesticide free and safe to consume.

Approx. Sample size: [REDACTED]

### **Test Results Records will include:**

- Location of Test: C&C Compassion Center of Delaware, Inc. and address
- Sample Name: such as strain of plant and flower or trim
- Sample Type: such as flower or concentrate
- Picture of test sample
- Bar Code
- Batch Number
- Test ID #
- Test Date
- Expiration Date
- Amount of marijuana being tested
- Test Performed
- Pesticides Test Results
- Mold & Fungus Test Results
- Cannabinoid Test Results, including:
  - Max THC %
  - Max CBD %
  - Total Cannabinoids %

- Total Active Cannabinoids %
- Name, Title, and Signature of person performing the test

**Label for product sold to a Patient will include a subset of the above information, including:**

- Location of Test: C&C Compassion Center of Delaware, Inc. and address
- Sample Name: such as strain of plant and flower or trim
- Sample Type: such as flower or concentrate
- Bar Code
- Batch Number
- Quantity
- Test ID #
- Test Date
- Expiration Date
- Pesticides Test Results - Pass
- Mold & Fungus Test Results – Pass
- Statement “This product is free of contaminants.”
- Cannabinoid Test Results, including:
  - Max THC %
  - Max CBD %
  - Total Cannabinoids %
  - Total Active Cannabinoids %
- Statement “This product is for medical use only, not for resale.”
- Statement such as “The appropriate dose of medical marijuana may be different for each patient and debilitating medical condition. Please consult your physician or medical marijuana center.

**Disposal of Medical Marijuana Waste:**

C&C Compassion Center of Delaware, Inc. will work with the Department to define how medical marijuana waste is disposed. Examples of Waste Disposal Rules created by the Colorado Medical Marijuana Enforcement Division and Health Canada are outlined below:

Colorado Medical Marijuana Enforcement Division:

- Medical marijuana waste must be made unusable prior to leaving a registered facility’s secured storage and management area.
- Medical marijuana waste shall be rendered unusable through the following methods:
  - a. By grinding and incorporating the medical marijuana waste with non-consumable, solid wastes listed below such that the resulting mixture is at least fifty percent non marijuana waste:
    - Paper, plastic, cardboard, or food waste
    - Grease or other compostable oil waste
    - Bokashi, or other compost activators
    - Other approved wastes that will render the medical marijuana waste unusable
    - Soil
  - b. By incorporating the medical marijuana waste with non-consumable, recyclable solid wastes, such as grease or other compostable oil waste, Bokashi, or other compost activators

- The recommended method to destroy plants, seeds, or dried medical marijuana is to break up the plant material, blend the marijuana with water and mix it with cat litter to mask the odor. This can then be placed in regular household garbage.

**Inspections by the Department:**

C&C Compassion Center of Delaware, Inc. will fully cooperate and participate in site review activities and testing conducted by the Department. It is understood that our Compassion Center will be invoiced for the costs associated with the random sampling testing ordered by the Department.

## **I. Proposed Methodology and Work Plan**

### **5. Growing Strategy**

The C&C Compassion Center of Delaware, Inc. strategy for growing medical marijuana is based on our research and discussions with experts in the field of growing medical marijuana at the Stanley Brothers Social Enterprises/Realm of Caring in Colorado and the Compassionate Care Foundation in New Jersey. Our strategy is also based on our extensive, online research and our years of farming/horticulture experience.

Our goal is to produce superior harvests that meet the needs of our Patients. Attention to procedural detail is critical in all phases of the process. We will have expert consultants on retainer to help us initially and to ensure we produce robust and quality product. The conditions in which to grow the medical marijuana must be optimal to ensure success. The right mix of light, air, water, nutrients, humidity and heat are necessary for the cannabis plant to manufacture food and grow. Cannabis grown indoors requires light of proper spectrum and intensity; air must be warm, arid, and rich in carbon dioxide; water must be abundant but not excessive. All needs must be met consistently to ensure optimum growth. We are committed to using the finest/safest products and effective techniques available to maximize quantity, accelerate growth, and ensure quality of our product.

#### **Growing Indoors**

Our plan is to initially grow our medical marijuana indoors. By growing indoors, we:

- Benefit from a shorter grow time (versus outdoor grows),
- Have the ability to control all aspects of the environment,
- Profit from multiple crops a year, and
- Will have sufficient room to expand significantly beyond 150 plants. Our vision is to be able to supply to dispensaries state-wide.

We've also taken into account budget considerations for growing indoors, such as designating enough space in the building, insulation, electricity, ventilation, and keeping the grow area clean.

#### **Master Grower**

Our Master Grower will be responsible for managing our grow cycle and ensuring adherence to state rules in growing our medical marijuana. He has 15 years experience in farming/horticulture, 10 years experience in building construction and maintenance, and 5 years experience in lawn care management and operations. He has knowledge and experience and is also well versed in conventional and natural/organic horticulture methods. Additionally, he will spend up to two months completing an internship, learning from one of Colorado's leading medical marijuana growers.

#### **Growing Medium –**

29 Del.C. Ch. 100 Freedom of Information Act



**Lighting**

With our decision to grow our marijuana plants indoors, we decided on the lighting strategy as described below.

29 Del.C. Ch. 100 Freedom of Information Act

The components we plan to purchase 29 Del.C. Ch. 100 Freedom of Information Act

**Air**

Cannabis plants thrive in temperatures from about 70-85 degrees F. C&C Compassion Center of Delaware, Inc. plans to keep the temperature in our grow areas at approximately 80 degrees F. Ventilation, temperature, and humidity will be constantly monitored to ensure optimum growing conditions in our building.

**Humidity**

C&C Compassion Center of Delaware, Inc. will follow the industry guideline of optimum humidity levels at 40-60%, and we plan to purchase dehumidifiers, thermometers, and humidity sensors to closely monitor the humidity in our grow areas.

**Nutrients**

We will use supplements to make sure our plants get everything they need using nutrients made for soil. We have researched many soils and nutrients and are planning to initially use

29 Del.C. Ch. 100 Freedom of Information Act

**Pesticides**

C&C Compassion Center of Delaware, Inc. will avoid the use of pesticides, as outlined in the RFP requirements. We will use preventative, natural, and organic pest control as per

industry standards and allowable per Department recommendation.

29 Del.C. Ch. 100 Freedom of Information Act

[REDACTED] are a few examples of products used to prevent and deter pests/disease (such as spider mites, gnats, white fly, and thrips) that are common to cannabis. We will continue to keep up to date with current research and best practices to ensure healthy, productive, and safe plant growth.

### **Pots**

Seeds will be planted in [REDACTED] 29 Del.C. Ch. 100 Freedom of Information Act

### **Watering Plants**

[REDACTED] 29 Del.C. Ch. 100 Freedom of Information Act

### **Seeds**

C&C Compassion Center of Delaware, Inc. initially plans to obtain and grow three strains of marijuana: Sativa plants high in THC, Indica plants high in CBD, and hybrid Sativa/Indica plants, closer to 1:1 THC to CBD. The specific number of plants to make up our first grow of 150 plants will be determined in conjunction with the Department. We will review and understand the debilitating medical conditions of the current, qualified medical marijuana Patients and purchase the appropriate strains for these conditions.

We will purchase feminized seeds - seeds bred to contain no male chromosomes, which ensures that every plant grown from a feminized seed will flower as a female and be able to produce the crop of resinous buds. Feminized seeds are the ideal choice, since the number of seeds purchased and germinated usually equals the number of plants harvested.

29 Del.C. Ch. 100 Fre

We will continue to review the medical conditions of the qualified Patients to ensure future grows include strains of marijuana plants to meet their specific needs. Future grows may include additional seed purchases or starting with clones from our first grow.

### **Harvest**

[REDACTED] 29 Del.C. Ch. 100 Freedom of Information Act

### **Drying**

[REDACTED] 29 Del.C. Ch. 100 Freedom of Information Act

### **Trimming**

[REDACTED] 29 Del.C. Ch. 100 Freedom of Information Act

**Curing/Burping**

**Packaging and Labeling**

See the steps outlined in Section I-2 “Packaging” in this document.

**Storage**

All finished product will be stored in a limited-access, locked room with required security cameras recording access to the room.

**Cleaning**

Our grow environments/rooms will have walls, ceilings, and floors that can be safely cleaned. In between harvests, the walls will be washed to ensure they are clean and free of contaminants.

**Control & Tracking of Product**

C&C Compassion Center of Delaware, Inc. intends to lease Agrisoft Development Group’s Seed to Sale software (see Section I-11 in this proposal for additional Agrisoft details). The software is designed to track cultivation of marijuana from seeds or clones through harvest, curing, and packaging through the use of bar codes and/or RFID tags. As each plant or batch grows, it receives care and environmental and cultivation inputs ranging from light, to nutrients and chemicals, to water and temperature. All inputs and conditions are recorded in Agrisoft for each batch of marijuana plants. When the seedlings are moved from the seedling room into the vegetation room where they continue to mature, all inputs are recorded, and the date, time and location of the plants are recorded through the process of scanning a bar code on the batch or tray. This process continues when the plants are moved into the flowering room, and, again, when they are prepared for harvest. At the time of harvest, integrated scales weigh both the harvested flowers and the plants. The scales are integrated with the software so exact measurements automatically are entered in the system when the bar code is scanned and the product is weighed. At harvest, “mother” plants will be destroyed or returned to the cultivation room, and each batch is identified—whether it is destroyed or returned to the cultivation area. The method of destruction is noted in the software. Every step of the way, the registered agent responsible for each step of the cultivation process is identified, along with date and time, and agent/user who records the information into the software.

**Ongoing Education**

Our Master Grower, as well as other agents of our Compassion Center, will be required to continuously research the latest industry developments on grow strategies. Our Master Grower and additional employees will attend related conferences and seminars, read the latest news in industry newsletters and national broadcasts, and partner with other medical marijuana compassion centers to share ideas and new grow strategies.

## **I. Proposed Methodology and Work Plan**

### **6. Outreach Plans**

C&C Compassion Center of Delaware, Inc. will have a thorough, detailed plan for educating the registered Patients and Designated Caregivers about medical marijuana use. Our outreach and retail services will be delivered with cultural competency in terms of language, race, ethnicity, disability, and demographic variable. Upon first appointment with our Compassion Center, Patients and Designated Caregivers will be provided with information to educate them about medical marijuana. Ample time will be scheduled to have an employee walk through our training materials and discuss any questions the Patient and/or Designated Caregiver may have. Ongoing information will be provided to our Patient and/or Designated Caregivers through monthly online newsletters, pamphlets dispensed as Patients and/or Designated Caregivers enter our Compassion Center to pick up their products, and through a company website for Patients and/or Designated Caregivers to access at any time. Additional materials will be created and shared with Patients and Designated Caregivers as new legal, informational, and product developments in the field of medical use of marijuana are communicated.

Training materials that will be provided and reviewed with Patients and Designated Caregivers include documents as described below (see section I-7 “Required Training” for sample documents).

- Frequently Asked Questions
- State and Federal laws related to marijuana use
- Ingestion options of usable marijuana and safe smoking techniques
- Paraphernalia options available through the Compassion Center, local retail stores, and via the web
- Potential side effects of using medical marijuana.

A sample Patient and Designated Caregiver outreach document “Brief Summary of Delaware’s Medical Marijuana Laws” follows.

Samples of Outreach and educational documents, which will be provided to Patient and Designated Caregivers are included under section I-7 “Required Training”, and include:

- FAQ Regarding MMP Registry Cards
- FAQ Marijuana Use & Health Effects
- Medical Marijuana Glossary of Terms
- Low or No THC, High CBD Medical Marijuana Bills: Leaving Most Patients Behind
- The History of Medical Marijuana
- Health Benefits of Medical Marijuana
- Top Ten Reasons to End Marijuana Prohibition by Taxing & Regulating Marijuana
- Briefing Paper – Marijuana Policy Project
- Marijuana Prohibition Facts – Marijuana Policy Project
- Testing FAQs
- Vaporizer Information
- H&HS Office for Civil Rights (OCR) “Summary of the HIPAA Privacy Rule”

## **DRAFT – OUTREACH**

### **Brief Summary of Delaware’s Medical Marijuana Laws Patient Edition**

Medical marijuana Patients can possess no more than six ounces of usable marijuana at any time.

Patients can possess marijuana paraphernalia.

Patients and Designated Caregivers should carry their state issued Red Card with them while in possession of medical marijuana.

Federal law prohibits transporting marijuana in any form across state lines. Patients and Designated Caregivers must take this into account when planning vacations, etc.

Section 4904A of The Delaware Medical Marijuana Act – Limitations:

Medical marijuana Patients are not authorized to engage in the following conduct:

- (1) Undertaking any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice;
- (2) Possessing marijuana, or otherwise engaging in the medical use of marijuana:
  - a. In a school bus;
  - b. On the grounds of any preschool or primary or secondary school; or
  - c. In any correctional facility.
  - d. In any health care or treatment facility operated by the Department or funded contractually through the Department.
- (3) Smoking marijuana:
  - a. In any form of transportation; or
  - b. In any public place.
- (4) Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marijuana, except that a registered qualifying patient shall not be considered to be under the influence of marijuana solely because of the presence of metabolites or components of marijuana.
- (5) Using marijuana if that person does not have a serious or debilitating medical condition.
- (6) Transferring marijuana to any person who is not allowed to possess marijuana under the Delaware Medical Marijuana Act.

## **I. Proposed Methodology and Work Plan**

### **7. Required Training**

C&C Compassion Center of Delaware, Inc. will finalize, implement, and maintain an on-site training curriculum to meet the educational needs of our employees, agents, and volunteers. Each employee, agent, and volunteer, at the time of initial appointment, will receive, as a minimum, training in the following:

- Professional conduct, ethics, and state and federal laws regarding Patient confidentiality. (See Training Materials list below and documents included in the following pages.)
- Information developments in the field of medical use of marijuana. (See Training Materials list below and documents included in the following pages.) C&C Compassion Center of Delaware, Inc. will be paying members of related medical marijuana national associations, including: Marijuana Policy Project, National Cannabis Association, and Americans for Safe Access, to stay current in developments related to this field. Additionally, C&C Compassion Center of Delaware, Inc. owners and employees will attend conferences, seminars, and training sessions related to this industry to expand our knowledge and stay up to date on changes in this field.
- The proper use of all security measures and controls. Security measure and controls will be documented in conjunction with the selected Security contractor.
- Specific procedural instructions for responding to an emergency, including robbery or violent incident will be documented in conjunction with the selected Security contractor.
- A complete understanding of the State and Federal laws regarding the distribution and use of marijuana. (See Training Materials list below and documents included in the following pages.)
- A complete understanding of the C&C Compassion Center of Delaware, Inc. Operations Manual (see section I-3 for details on the Operations Manual).

#### **Sample Procedural Instructions:**

##### Medical Marijuana Sales: General Limitations or Prohibited Acts

- Consumption Prohibited. Licensees shall not permit the consumption of marijuana or a marijuana product on the Licensed Premises.
- Quantity Limitations On Sales. A Medical Marijuana Center and its employees are prohibited from selling more than three ounces of Medical Marijuana during a single sales transaction to a Patient.
- Licensees May Refuse Sales. Nothing in these rules prohibits a Licensee from refusing to sell Medical Marijuana to a Patient.
- Storage and Display Limitations. A Medical Marijuana Center shall not display Medical Marijuana outside of a designated Restricted Access Area or in a manner in which Medical Marijuana can be seen from outside the Licensed Premises. Storage of Medical Marijuana will be maintained in Limited / Restricted Access locked area.

##### Point of Sale: Restricted Access Area

- Identification of Restricted Access Area. All areas where Medical Marijuana is sold, possessed for sale, displayed or dispensed for sale shall be identified as a Restricted Access Area and shall be clearly identified by the posting of a sign, which will state,

“Restricted Access Area – Only Medical Marijuana Patients Allowed.”

- Patients in Restricted Access Area. The Restricted Access Area must be supervised by a Employee at all times when Patients are present to ensure that only persons with a valid Patient registry card or who are Designated Caregivers are approved to enter the area. When allowing a Patient or Designated Caregiver access to a Restricted Access Area, Licensees shall make reasonable efforts to limit the number of Patients in the Restricted Access Area at any time.

#### Dispensing Medical Marijuana for Sales

C&C Compassion Center of Delaware, Inc. will not acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply or dispense marijuana for any purpose except to assist registered qualifying Patients with the medical use of marijuana directly or through the qualifying Patient’s Designated Caregiver.

- Before marijuana may be dispensed to a Designated Caregiver or a registered qualifying Patient, a C&C Compassion Center of Delaware, Inc. agent will confirm that the individual is a current cardholder in the verification system and will verify each of the following:
  - That the registry identification card presented to the registered Compassion Center is valid and active.
  - That the person presenting the card is the person identified on the registry identification card presented to the Compassion Center agent.
  - That the registered Compassion Center is the designated Compassion Center for the registered qualifying Patient who is obtaining the marijuana directly or via his or her designated, Designated Caregiver.
- C&C Compassion Center of Delaware, Inc. will not dispense more than three ounces of marijuana to a registered qualifying Patient, directly or via a designated, Designated Caregiver, in any fourteen-day period. Further, a Compassion Center agent will not knowingly dispense marijuana to an impaneled Patient, or a Patient’s Designated Caregiver, in an amount that will exceed the Patient possession limit of six ounces at any given time.
- Physical Inspection Required. An employee must physically view and inspect the Patient or Designated Caregiver’s registry card and proof of identification to confirm the information contained on the documents and also to judge the authenticity of the documents presented.

#### **Training Materials:**

The next few pages include samples of the following Training Materials for C&C Compassion Center of Delaware, Inc. employees, agents, and volunteers:

- FAQ Regarding MMP Registry Cards
- FAQ Marijuana Use & Health Effects
- Medical Marijuana Glossary of Terms
- Low or No THC, High CBD Medical Marijuana Bills: Leaving Most Patients Behind
- The History of Medical Marijuana
- Health Benefits of Medical Marijuana
- Top Ten Reasons to End Marijuana Prohibition by Taxing & Regulating Marijuana
- Briefing Paper – Marijuana Policy Project
- Marijuana Prohibition Facts – Marijuana Policy Project
- Testing FAQs
- Vaporizer Information

- Procedure for Making a CBD or THCA Tincture
- H&HS Office for Civil Rights (OCR) “Summary of the HIPAA Privacy Rule”

## **DRAFT - TRAINING & OUTREACH DOCUMENT**

### **Frequently Asked Questions (FAQs) Regarding MMP Registry Cards**

**Q: What are valid forms of ID?**

A: In order to purchase medical marijuana from the C&C Compassion Center of Delaware, Inc., you must have a government-issued form of identification every time you shop at our dispensary location. We do not accept work or school IDs or any other type of identification that was not government issued.

**Q: How do I obtain a Red Card in Delaware?**

A: <http://dhss.delaware.gov/dph/hsp/medmarhome.html>

**Q: How do I apply for a medical marijuana card?**

A: A Patient who wishes to apply for the medical marijuana registry card program should go to the [program's website](#) and download the application documents. The Patient application is a four-page, self-explanatory form that should be completed and signed by the Patient. The physician certification is a two-page form that the Patient's Delaware-licensed physician should complete and sign. The release of medical information is a one-page form that is signed by the Patient, allowing the Office of Medical Marijuana to contact the Patient's physician for the purpose of verifying the doctor and Patient relationship and the validity of the physician's signature on the Physician Certification form. Patients must mail all three forms, along with the application fee of \$125 and a copy of the Patient's Delaware state-issued driver's license or identification card, to the Division of Public Health, Office of Medical Marijuana, 417 Federal Street, Suite 205, Dover, DE 19901. The applicant's approval or denial will be returned within 45 days of receiving a complete application. Incomplete applications will not be accepted. If approved, the applicant will be invited to the Division of Public Health's Dover office to have a picture taken and be issued their registry card.

**Q: What are the qualifications for a Patient to get a card?**

A: The qualifications for a Patient to receive a medical marijuana card include:

- Being a resident of the State of Delaware
- Possessing a current State of Delaware driver's license or identification card
- Being 18 years of age or older
- Being under the care of a physician currently licensed to practice in Delaware in accordance with 24 DEL.C. Chapters 17 and 19
- Possessing a physician's certification indicating a qualifying debilitating medical condition
- "Debilitating medical condition" means one or more of the following:
  - Cancer, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (HIV and AIDs), decompensated cirrhosis (Hepatitis C), amyotrophic lateral sclerosis (Lou Gehrig's disease), and agitation of Alzheimer's disease or the treatment of these conditions. Post-traumatic stress disorder (PTSD) can qualify as a debilitating medical condition when it manifests itself in severe physical suffering, such as severe or chronic pain or severe nausea and vomiting, or otherwise severely impairs the Patient's physical ability to carry on the activities of daily living.

- A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: cachexia or wasting syndrome; severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than 3 months or for which other treatment options produced serious side effects; intractable nausea; seizures; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

**Q: What medical conditions are covered by the program?**

A: As mentioned above, cancer, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (HIV and AIDs), decompensated cirrhosis (Hepatitis C), amyotrophic lateral sclerosis (Lou Gehrig's disease), and agitation of Alzheimer's disease or the treatment of these conditions. Post-traumatic stress disorder (PTSD) can qualify as a debilitating medical condition when it manifests itself in severe physical suffering, such as severe or chronic pain or severe nausea and vomiting, or otherwise severely impairs the Patient's physical ability to carry on the activities of daily living. A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: cachexia or wasting syndrome; severe, debilitating pain, that has not responded to previously prescribed medication or surgical measures for more than 3 months or for which other treatment options produced serious side effects; intractable nausea; seizures; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis. If you have questions about obtaining a physician's certification or whether you may qualify, talk to your physician or medical specialist.

**Q: How much does it cost to get a medical marijuana card?**

A: The base annual fee is \$125 and is non-refundable.

**Q: What if I can't pay the application fee?**

A: There is a sliding payment scale for Patients who demonstrate financial need.

**Q: How long is the card valid?**

A: One year from the month it was issued. As required by the law, Patients must re-apply annually.

**Q: Where do I get the marijuana?**

A: The State currently recognizes properly permitted compassion centers as the only legal way to obtain marijuana. The Department will issue a permit to the compassion center to begin growing medical marijuana on July 1, 2014.

**Q: Is my out of state medical marijuana card accepted in Delaware?**

A: No, there are no reciprocity agreements with other states.

**Q: Can I have my out-of-state doctor certify me for the card program?**

A: No, physicians must be currently licensed to practice in Delaware in accordance with 24 DEL.C. Chapters 17 and 19.

**Q: Does the program have a list of doctors that they can refer me to that will certify me for the program?**

A: No, Patients must discuss health-related decisions with their primary care physician or specialist as part of any determination that medical marijuana is the best medical choice for their treatment.

**Q: What restrictions are placed on Patients?**

A: Patients cannot: sell, transfer or give away their medical marijuana. Patients cannot use medical marijuana:

- In a medical marijuana dispensary or other licensed facility;
- In a way that endangers the health and well-being of a person;
- In plain view or in a place open to the public;
- In a correctional facility or community corrections facility; or
- In a vehicle, aircraft, or boat.

**Q: What strains are you currently carrying?**

A: High THC, Lower THC, High CBD – Specific strains TBA.

**Q: Can I purchase meds at dispensary if I live somewhere other than Delaware?**

A: No

**Q: What methods of payment do you accept (i.e., cash, checks, credit/debit cards)?**

A: Cash, Checks (debit/credit cards TBD).

**Q: Where can I find the details of the Delaware Medical Marijuana Act – Title 16, Chapter 49A?**

A: <http://delcode.delaware.gov/title16/c049a/index.shtml>

## DRAFT - TRAINING & OUTREACH DOCUMENT

### MARIJUANA USE AND HEALTH EFFECTS

<http://www.mpp.org/reports/faq-mj.html>

#### **Is marijuana addictive?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*:

"Compared to most other drugs ... dependence among marijuana users is relatively rare ... [A]lthough few marijuana users develop dependence, some do. But they appear to be less likely to do so than users of other drugs (including alcohol and nicotine), and marijuana dependence appears to be less severe than dependence on other drugs."

#### **Does using marijuana lead to harder drugs?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*:

"There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs ... There is no evidence that marijuana serves as a stepping stone on the basis of its particular physiological effect ... Instead, the legal status of marijuana makes it a gateway drug."

The World Health Organization noted that any gateway effect associated with marijuana use might actually be due to marijuana prohibition because "exposure to other drugs when purchasing cannabis on the black-market, increases the opportunity to use other illicit drugs."

#### **Is marijuana more dangerous than tobacco?**

In a word: no. Marijuana is not more dangerous than tobacco. Research has shown that marijuana causes far less harm than tobacco.

According to the U.S. Centers for Disease Control, tobacco was responsible for 435,000 deaths in 2000, or nearly 1,200 deaths per day. On the other hand, marijuana has never caused a fatal overdose in more than 5,000 years of recorded use.

It is important to note that the act of smoking *anything* is harmful to the lungs, and in this regard, marijuana is not completely benign. According to *Understanding Marijuana* (2002), by Mitch Earleywine, marijuana smokers sometimes exhibit symptoms similar to those experienced by tobacco smokers — coughing, wheezing, and bronchitis.

However, these harms can be minimized by ingesting marijuana orally, with devices known as vaporizers, or by using higher-potency marijuana, which reduces the harms associated with smoking while still delivering marijuana's medical benefits.

Other research shows that daily marijuana use does not lead to increased rates of respiratory illness, and that smoking both tobacco and marijuana is worse than smoking just one.

Unlike tobacco, research has never shown that marijuana increases rates of lung cancer or other cancers usually associated with cigarette smoking. In a 10-year, 65,000-Patient study conducted at the Kaiser-Permanente HMO and published in 1997, cigarette smokers had much higher rates of cancer of the lung, mouth, and throat than non-smokers, but marijuana smokers who didn't smoke tobacco had no such increase. And in May 2006, Dr. Donald Tashkin of UCLA presented results of a new study showing that even very heavy marijuana smokers had no increased risk of lung cancer.

### **Has anyone ever died from marijuana?**

In all of recorded medical literature, no one has ever died from a marijuana overdose.

In 2001, a detailed examination of the health and psychological effects of marijuana use from the National Drug and Alcohol Centre at the University of New South Wales in Australia noted that marijuana "makes no known contribution to deaths and a minor contribution to morbidity [illness]."

In a 1998 editorial, *The Lancet*, an esteemed British medical journal, wrote, "On the medical evidence available, moderate indulgence in cannabis has little ill-effect on health." [12]

### **Can marijuana use cause cancer?**

Marijuana smokers do not have an increased risk of premature death or cancer. According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*:

"There is no conclusive evidence that marijuana causes cancer in humans, including cancers usually related to tobacco use. ... More definitive evidence that habitual marijuana smoking leads or does not lead to respiratory cancer awaits the results of well-designed case control epidemiological studies."

### **Can marijuana cause fertility problems?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*:

"[T]he effect of cannabinoids on the capacity of sperm to fertilize eggs is reversible and is observed at [concentrations] which are higher than those likely to be experienced by marijuana smokers ... The well-documented inhibition of reproductive functions by THC is thus not a serious concern for evaluating the short-term medical use of marijuana or specific cannabinoids."

### **Can marijuana cause other life-threatening health problems?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*, "Epidemiological data indicate that in the general population marijuana use is not associated with increased mortality."

### **Does marijuana cause amotivational syndrome?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*, "When heavy marijuana use accompanies these symptoms, the drug is often cited as the cause, but no convincing data demonstrate a causal relationship between marijuana smoking and these behavioral characteristics."

### **I've heard that today's marijuana is stronger and more dangerous. Is this true?**

Claims of a dramatic increase in marijuana potency are commonly based on the assertion that marijuana used in the 1960s and 1970s contained only 1% THC (the main psychoactive compound in marijuana). But, as University of Southern California psychology professor and researcher Mitch Earleywine noted in his book, *Understanding Marijuana*, these claims are based on very small numbers of samples that may have been improperly stored. Furthermore, marijuana with just 1% THC is not psychoactive — that is, it doesn't produce a "high." So if the 1% figure is true, the drug's rapid increase in popularity was based on marijuana so weak that it wasn't even capable of producing the intended effect.

Earleywine further explained that the moderate increases in potency that have occurred "may not justify alarm. THC is not toxic at high doses like alcohol, nicotine, or many other common drugs. High-potency marijuana may actually minimize risk for lung problems because less [smoke] is required to achieve desired effects." Thus, even if today's marijuana were stronger, it would not

be more dangerous.

## **EFFECTS OF MARIJUANA PROHIBITION**

### **Are people actually arrested for marijuana?**

Yes. In 2007 alone, there were 872,720 marijuana-related arrests in the United States. (89% of these were for possession alone.) That's one marijuana arrest every 36 seconds and more than the populations of the state of Wyoming (522,830) and the city of Buffalo, New York (292,648) combined.

### **How much does marijuana prohibition cost?**

By adding law enforcement costs and depriving governments of the revenue that could be gained by taxing marijuana sales, prohibition costs U.S. taxpayers \$41.8 billion per year, according to a 2007 estimate by public policy researcher Jon B. Gettman, Ph.D. The report, "**Lost Taxes and Other Costs of Marijuana Laws**," is based primarily on government estimates of the U.S. marijuana supply, prices, and arrests.

A more conservative 2005 estimate by Harvard University economist Dr. Jeffrey Miron is still staggering at \$10-\$14 billion per year. See [www.prohibitioncosts.org](http://www.prohibitioncosts.org) for more information.

### **Wouldn't repealing marijuana prohibition make it easier for teens to buy marijuana?**

Marijuana prohibition has not prevented a dramatic increase in marijuana use by teenagers. In fact, the overall rate of marijuana use in the U.S. has risen by roughly 4,000% since marijuana was first outlawed in 1937, and independent studies by RAND Europe and the U.S. National Research Council have reported that marijuana prohibition appears to have little or no impact on rates of use.

Prohibition may actually increase teen access to marijuana. Sellers of regulated products like tobacco and alcohol can be fined or lose their licenses if they sell to minors. Prohibition guarantees that marijuana dealers are not subject to any such regulations. Drug dealers don't ask for ID.

Countries that have reformed their marijuana laws have not seen an increase in teen use. Since Britain ended most marijuana possession arrests in 2004, the rate of marijuana use by 16- to-19-year-olds (the youngest group included in government drug use surveys) has dropped. In the Netherlands, where adults have been allowed to possess and purchase small amounts of marijuana from regulated businesses since 1976, the rate of marijuana use by adults and teens is lower than in the U.S.

### **What conditions can marijuana treat?**

People with cancer, glaucoma, AIDS or HIV, Crohn's disease, hepatitis C, and multiple sclerosis have found relief by using marijuana. Marijuana is also used to treat cachexia, anorexia, and wasting syndrome; severe or chronic pain or nausea; seizure disorders (such as epilepsy); arthritis; migraines; and agitation of Alzheimer's disease.

### **Why not wait for more research before making marijuana legally available as a medicine?**

There are several reasons:

1. The federal government is actively blocking research into marijuana's use as a medicine. In fact, several researchers have filed lawsuits against the federal government, charging it with obstruction for failing to act on an application for approval to grow high-potency, research-grade marijuana at a university facility in Massachusetts. The researchers who filed suit are barred from obtaining research-grade marijuana from other countries, and the poor quality of the federal government's marijuana makes it unfeasible to use in

research; thus, without the ability to grow it for themselves, they are unable to conduct research into marijuana's medical use.

2. There already is ample evidence that marijuana has medical uses.
3. Even if more research was needed, Patients using marijuana should not face arrest and imprisonment while waiting for the results of research that tells them what they already know: marijuana has anti-nausea, anti-spasticity, and appetite-stimulating effects, among many others, that lead to a better quality of life for seriously or chronically ill Patients.
4. In thousands of years of recorded use, marijuana has never been known to cause an overdose death. In fact, it is physically impossible to die from an overdose of marijuana. In comparison, the National Institute on Alcohol Abuse and Alcoholism has reported over 300 deaths per year from accidental alcohol poisoning.
5. Similarly, long-term marijuana use has never been shown to increase the risk of death or shorten life-expectancy, while the CDC reported in 2004 that excessive alcohol consumption is the third leading cause of death in the U.S., resulting in roughly 76,000 deaths from liver damage, cancers, violence and other causes.

### **Why shouldn't we wait for new drugs based on marijuana's components to be developed, rather than allowing Patients to eat or smoke natural marijuana right now?**

Marijuana, in its natural state, provides effective relief to people with numerous medical conditions. Creating pharmaceuticals based on marijuana's medicinal properties is a goal that MPP supports, but not to the exclusion of allowing people to use marijuana in its natural form. There are several reasons why Patients should not be forced to wait for marijuana-based pharmaceuticals to reach the market:

- It takes years to approve drugs for prescription in the United States. Should Patients be forced to go without their medicine while they wait for other drugs to be approved, when marijuana, in plant form, is available now?
- Prescription drugs are more expensive than ever before. Because of the rigorous testing requirements to bring a drug to market and to gain regulatory approval, the end product is often quite expensive. And even though natural marijuana can be expensive because it is illegal, it is surely less expensive than the marijuana-based pharmaceuticals that are currently under development.
- Marijuana has hundreds, if not thousands, of chemical compounds (as does nearly every other plant). Tetrahydrocannabinol, or THC, is considered the main active chemical in marijuana, and from which the U.S.'s only existing marijuana-based drug, Marinol, is derived. However, science is only just beginning to understand how natural marijuana works. Several other compounds in natural marijuana are being examined for their effects on the human body, and it is believed that marijuana in plant form creates combinations of these compounds that are greater than the sum of their parts. In other words, the many chemicals in marijuana are thought to work together to produce optimal results with minimal negative effects. Much more research is needed, but simply extracting one of the chemicals from natural marijuana does not provide all of the benefits of the whole plant.

### **Isn't marijuana too dangerous to be used as a medicine?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*, "[E]xcept for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications."

### **If Patients were allowed to use medical marijuana, wouldn't non-medical use increase too?**

According to the National Academy of Sciences' Institute of Medicine's 1999 report, *Marijuana and Medicine: Assessing the Science Base*:

"There is a broad social concern that sanctioning the medical use of marijuana might increase its use among the general population. At this point there are no convincing data to support this concern. The existing data are consistent with the idea that this would not be a problem if the medical use of marijuana were as closely regulated as other medications with abuse potential. ... [T]his question is beyond the issues normally considered for medical uses of drugs and should not be a factor in evaluating the therapeutic potential of marijuana or cannabinoids.

"No evidence suggests that the use of opiates or cocaine for medical purposes has increased the perception that their illicit use is safe or acceptable."

### **Does the passage of medical marijuana laws increase use of the drug among youth?**

No. Since the passage of California's medical marijuana law (Proposition 215) in 1996, marijuana use among youth has declined significantly. See [www.mpp.org/teens](http://www.mpp.org/teens) for more information.

### **Do people really get arrested for medical marijuana?**

In 2007, 775,138 people were arrested for marijuana possession. The government doesn't keep figures on how many of these people were using marijuana for medical purposes, but if even 1% were, then more than 7,750 Patients have been arrested.

### **Why is medical marijuana needed if it's already available in a pill form (Marinol)?**

When people are vomiting from cancer chemotherapy or AIDS wasting syndrome, it can be extremely difficult to swallow pills. After taking Marinol, Patients continue to suffer for a half hour or more before the pill takes effect; smoking marijuana can provide Patients with almost instantaneous relief. Additionally, Marinol contains only one of the many therapeutic cannabinoids found in whole marijuana.

### **How many states allow medical marijuana?**

Eighteen states — Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Maine, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington, as well as the District of Columbia — have effective laws protecting qualified Patients from arrest and imprisonment for using marijuana under the advice of a physician.

Maryland has a law protecting Patients from prosecution and imprisonment, but not arrest; the maximum penalty for medical marijuana use is a \$100 fine.

A number of other states have passed symbolic, nonbinding laws pertaining to medical marijuana. For more information on marijuana laws by state, please visit [MPP's State-by-State Medical Marijuana Laws: How to Remove the Threat of Arrest](#).

### **How do state medical marijuana laws work?**

Because 99% of marijuana arrests are made at the state level, well-written state medical marijuana laws effectively protect Patients, despite federal hostility.

In states without effective medical marijuana laws, Patients are treated as criminals. They may face an insufficient supply of medicine due to its prohibition-inflated price or scarcity; impure, contaminated, or chemically adulterated marijuana from the underground market; arrests, fines, court costs, property forfeiture, incarceration, probation, loss of financial aid for education, loss of employment, and criminal records.

### **Don't state-level medical marijuana laws put states in violation of federal law?**

There is no federal law that mandates that states must enforce federal laws against marijuana possession or cultivation. States are free to determine their own penalties — or lack thereof —

for drug offenses. State governments cannot directly violate federal law by giving marijuana to Patients, but states can refuse to arrest Patients who grow or acquire their own medicine. Further, on October 14, 2003, the U.S. Supreme Court declined to hear *Conant v. Walters*, letting stand an appellate court ruling that barred the federal government from punishing physicians who recommend medical marijuana to Patients. By refusing to hear this case, the Supreme Court eliminated any doubt that states have the right to protect medical marijuana Patients and their physicians under state law. Some people mistakenly believe that the 2005 U.S. Supreme Court decision in *Gonzales v. Raich* invalidated state medical marijuana laws, but that is not the case. The decision simply maintained the status quo as it has existed since California voters passed Proposition 215 in 1996: States may protect medical marijuana Patients from arrest under state law, but those laws don't give Patients immunity from federal prosecution. Shortly after the Raich decision, Montana Attorney General Mike McGrath told the Helena Independent Record, "We still have a valid law." Officials from every medical marijuana state have made similar determinations.

### **Shouldn't we go through the FDA approval process instead of passing medical marijuana bills and initiatives?**

In its 1999 report on medical marijuana, the Institute of Medicine (IOM) commented on the difficulty of doing marijuana research: "Some drugs, such as marijuana, are labeled as Schedule I in the Controlled Substances Act, and this adds considerable complexity and expense to their clinical evaluation. ... In short, development of the marijuana plant is beset by substantial scientific, regulatory, and commercial obstacles and uncertainties."

As is mentioned by the IOM, the FDA's bureaucratic approval process would take many years and cost millions — and possibly billions — of dollars. Because the marijuana plant cannot be patented, there is no economic incentive for pharmaceutical companies to invest in getting FDA approval for marijuana. Seriously ill people who find relief through marijuana (and whose doctors approve its use) should not be forced to face arrest while waiting for this process to start or be completed.

### **What major organizations support medical marijuana?**

- American Medical Association
- American College of Physicians
- American Nurses Association
- American Public Health Association
- Lymphoma Foundation of America
- Leukemia & Lymphoma Society
- American Academy of HIV Medicine
- Episcopal Church
- Presbyterian Church USA
- *Consumer Reports* magazine
- American Federation of State, County and Municipal Employees

All either support legal access to medical marijuana or have directly acknowledged that marijuana can have legitimate medical uses. (The American Medical Association, formerly opposed to medical marijuana, officially changed its position to neutral in 1997; the AMA endorses a physician's right to discuss marijuana therapy with Patients.)

## DRAFT - TRAINING & OUTREACH DOCUMENT

### **Medical Marijuana Glossary of Terms**

#### **Active Compounds or Active Ingredients**

This is the term used to describe the naturally occurring chemicals in the cannabis plant that affect our bodies on a biological level, this is how cannabis functions as a medical benefit.

#### **The Act**

The Act refers to the Medical Marijuana Act as defined in Title 16, Chapter 49A of the Delaware Code.

#### **BHO**

BHO is an acronym for Butane extracted Hash Oil. The gas butane is used to extract THC and make concentrated hash oils with a high potency.

#### **Bubble Hash**

Bubble hash is a dark, solid form of concentrated medical marijuana made using the entire cannabis plant, whereas some concentrates are made using flowers only.

#### **Budtender**

A friendly, knowledgeable staff member who can answer any questions you may have.

#### **Calyx(es)**

This describes the part of a plant that will grow into the flowering buds and is the desired part of the cannabis plant because it contains most of the active plant compounds. The development of calyxes is one way to determine if a plant is female or male.

#### **Cannabidiol (CBD)**

A non-psychoactive cannabinoid.

#### **Cannabinoid**

Cannabis contains 483 active compounds. At least 80 of these are cannabinoids. The human brain has cannabinoid receptors that are activated when cannabinoids enter the bloodstream. When cannabinoid receptors are activated, they block the release of certain neurotransmitters, which is what makes them so beneficial to our health.

#### **Cannabis**

Cannabis Sativa is the official scientific name for the marijuana plant as it is more commonly known.

#### **Clone**

A clone is simply a smaller part of a mature plant that was cut off and re-planted in order to start growing another plant with the exact same genetics as the mother plant.

#### **Cross**

A crossbred plant is one that has the genetics of a different male and female plant to create a new strain.

**Concentrate**

There are many different varieties of medical marijuana concentrates. What they all have in common is that they are potent in THC and CBD extracts from the cannabis plant matter.

**Curing**

Curing is the last step in cultivating high quality medical marijuana. After the plants have fully matured and the flowers have been cut from the plant, the buds are dried slowly.

**Dabs**

A “dab” is a common name for a personal dose of concentrated hash oil.

**Debilitating Medical Condition**

A debilitating medical condition means one or more of the following: (1) cancer, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, decompensated cirrhosis, amyotrophic lateral sclerosis, agitation of Alzheimer's disease, post-traumatic stress disorder (defined in these definitions), or the treatment of these conditions; (2) a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe, debilitating pain, that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects; intractable nausea; seizures; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis; (3) any other medical condition or its treatment added by the Department, as provided for in §4906A.

**The Department**

The Department means the Delaware Department of Health and Social Services (DHSS).

**Designated Caregiver**

A Designated Caregiver means a person who is at least 21 years of age, has agreed to assist with a Patient's medical use of marijuana, has not been convicted of an excluded felony offense, and assists no more than five qualifying Patients with their medical use of marijuana.

**Edibles**

For Patients who prefer not to smoke, there are many alternative ways to consume medical marijuana safely. One of those options is by baking with cannabis to make tasty treats that medicate. Most edibles are made by using a cannabutter.

**Excluded Felony Offense**

An excluded felony offense means a violent crime defined in Title 11, §4201(c), that was classified as a felony in the jurisdiction where the person was convicted; or a violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, not including an offense for which the sentence, including any term of probation, incarceration, or supervised

release, was completed 10 or more years earlier, or an offense that consisted of conduct for which this Medical Marijuana Act would likely have prevented a conviction, but the conduct either occurred prior to the enactment of this chapter or was prosecuted by an authority other than the state of Delaware.

**Female**

The term female is used to describe the sex of a cannabis plant that will produce flowers for

consumption.

### **Flowers**

The buds of the cannabis plant that are dried and can be smoked or vaporized.

### **Ganja**

Ganja is just another word for marijuana. Many slang terms have developed to define marijuana over time, ganja is used fairly often.

### **Hash(ish)**

Hashish is a concentrated form of the cannabis plant.

### **Hemp**

Smokable marijuana and hemp both come from the same Cannabis Sativa plant. However, hemp plants contain less than 3% THC and are typically used for industrial purposes such as paper.

### **Hybrid**

A hybrid plant is one that has been cross-bred between an Indica and a Sativa plant, resulting in a plant with characteristics of both types of plant.

### **Indica**

This breed of the cannabis plant grows short and wide with fat leaves, therefore it usually better for indoor growing. Indica plants tend to affect the body more than the mind and have a sedative and relaxing high. Indica strains are also good for increasing appetite, treating pain and depression as well as reducing nausea.

### **Joint**

Smokable marijuana plant materials rolled in specific papers that burn slowly.

### **Male**

Male cannabis plants produce no buds. When growing marijuana from seeds, about 50% of the plants are male. Although these plants cannot be smoked, they can be used for making butter or bubble hash by boiling the whole plant to release the active compounds.

### **Marijuana**

Cannabis Sativa is the scientific name of the plant, but marijuana is the more common name for the plants and products we sell containing THC and CBD.

### **Marijuana Policy Project**

National organization with mission to: Increase public support for non-punitive, non-coercive marijuana policies; Identify and activate supporters of non-punitive, non-coercive marijuana policies; Change state laws to reduce or eliminate penalties for the medical and non-medical use of marijuana; Gain influence in Congress. MPP envision a nation where marijuana is legally regulated similarly to alcohol, marijuana education is honest and realistic, and treatment for problem marijuana users is non-coercive and geared toward reducing harm.

### **Mother Plant**

The mother plant is a strain-specific plant that is kept healthy with the intent of making clones rather than harvesting buds.

**NORML**

The National Organization for the Reform of Marijuana Laws is a political group fighting for legalization of marijuana and access to medical marijuana across the nation.

**Phenotype**

The visual characteristics of a specific plant determined by genetic traits and growing environment. Phenotypes are highly variable.

**Pre-roll**

A joint that has been rolled by a budtender.

**Post-Traumatic Stress Disorder**

Post-Traumatic Stress Disorder means that a Patient meets the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD), per DSM-5 or subsequent current edition, including symptoms of intense physical reactions such as tachycardia, shortness of breath, rapid breathing, muscle-tension, and sweating.

**Qualified Medical Marijuana Patient**

A qualified medical marijuana Patient is any Patient who possesses an active Registry Identification Card and receives marijuana dispensed, either in person or through their Designated Caregiver, from a contracted compassion center. Medical records, including dates and amounts dispensed and to whom the drug was dispensed, of Patients must be maintained in accordance with HIPAA rules.

**Red Card**

A Red Card is what a Registry Identification Card is commonly called. Currently, all medical marijuana Patients in Delaware must have a Red Card to purchase medical marijuana. A Red Card is proof that a Patient has been approved by the Delaware Office of Medical Marijuana.

**Registered Safety Compliance Facility**

A registered safety compliance facility means a nonprofit entity that provides services such as testing marijuana produced for medical use for potency and contaminants and training cardholders and prospective compassion center agents. The training may include safe and efficient cultivation, harvesting, packaging, labeling, and distribution of marijuana, security/inventory accountability procedures and up-to-date scientific and medical research findings related to medical marijuana. Since the pilot compassion center will be operating as a registered safety compliance facility, these tasks will be handled by the pilot center.

**The Regulations**

The Regulations refer to the Medical Marijuana Code defined in the Register of Regulations.

**Sativa**

This breed of the cannabis plant grows tall and thin, which makes it better suited for outdoor growing. The leaves of the plant are typically a lighter shade of green. Sativas are known to have a more energetic and uplifting effect and more cerebral high. Because of this, Sativas are better for daytime use. They are often used to treat depression and lack of motivation.

**Tetrahydrocannabinol (THC)**

This is the scientific name for THC, the main active ingredient in cannabis and the most powerful of the cannabinoids.

**Tinctures**

Tincture is a form of liquid THC that is intended to be consumed sublingually, meaning under the tongue, for faster uptake than traditional edibles that are digested by the stomach.

**Topicals**

Topicals are another alternative method of using medical marijuana to treat pain. The active ingredients of the cannabis plant are extracted into a body lotion, salve or massage oil that is applied directly to the skin areas that cause pain. Topicals reduces inflammation and soreness.

**Trichomes**

Small crystalline-looking appendages that extend from plant matter, store THC, and protect the plant during the growing process.

**Usable Marijuana**

Usable marijuana means the dried leaves and flowers of the marijuana plant and any mixture or preparation of those dried leaves and flowers, including but not limited to tinctures, ointments, other preparations, but does not include the seeds, stalks, and roots of the plant. It does not include the weight of any non-marijuana ingredients combined with marijuana, such as ingredients added to prepare a topical ointment.

**Vaporizer/Vape**

Vaporizing marijuana is a healthier alternative to smoking. Vaporizers come in many different shapes and sizes, from portable pen-sized vapes to larger vapes that plug into an electric socket. Marijuana is burned quickly at a high temperature using, a heating element as opposed to a fuel-powered lighter.

Some definitions obtained from:

<http://mmjamerica.com/the-mmj-glossary/>

## **DRAFT - TRAINING & OUTREACH DOCUMENT**

### **Low or No THC, High CBD Medical Marijuana Bills:**

#### **Leaving Most Patients Behind**

<http://www.mpp.org/assets/documents/low-or-no-thc-high-cbd.html>

In August 2013, CNN correspondent Dr. Sanjay Gupta filed a report on medical marijuana explaining that he had a change of heart and announcing his support for using marijuana for medical purposes. While Dr. Gupta mentioned multiple Patients suffering from a variety of ailments (neuropathic pain, PTSD, and nausea as a result of chemotherapy), one particular Patient caught the nation's attention: Charlotte Figi.

Charlotte suffers from a rare and devastating pediatric seizure disorder. After trying numerous treatment options that did not work, her family found medical marijuana providers who developed a strain of marijuana that is high in cannabidiol (CBD) and low in THC. This strain, "Charlotte's Web," has been remarkably effective at calming Charlotte's seizures. She went from having 300 seizures a week to suffering from two or three per month. Dozens of families from across the country have uprooted themselves and moved to Colorado to give their children the same chance.

Charlotte's story and the concern for other young Patients have led some lawmakers to consider passing legislation that *only* allows Patients to access marijuana oils that are high in CBD and that have little or no THC (tetrahydrocannabinol). While it is heartening to see lawmakers' concern for the plight of Patients with catastrophic seizure disorders, these proposals unfortunately exclude the vast majority of those who can benefit from medical marijuana, some of whom also face life-threatening ailments.

#### **Relative Rarity**

While CBD appears to be particularly effective at treating seizures, the number of individuals treating seizure disorders through medical marijuana programs is relatively low. For example, only 2% of the registered Patients in both Rhode Island and Colorado report seizures as their qualifying conditions. While it is imperative that these individuals be allowed to legally access medical marijuana – and the strain they need – it is just as important to remember that there are tens of thousands of other men and women and a small number of children who suffer from a variety of debilitating conditions whose symptoms are alleviated by medical marijuana. The vast majority of those Patients have symptoms that benefit from strains of marijuana that include more than trace amounts of THC.

#### **THC: Why It Matters**

Tetrahydrocannabinol, or THC, is just one of the roughly 85 cannabinoids found naturally in marijuana. Clinical trials and the experiences of hundreds of thousands of Patients have shown that THC, and strains of marijuana that include THC, provide important medical benefits for individuals suffering from pain, multiple sclerosis, nausea, and wasting disease. THC is also the cannabinoid most responsible for marijuana's psychoactive effects. While THC does cause marijuana's "high," Patients use marijuana for relief, not for euphoria. Patients who inhale

marijuana can titrate their dosage precisely to use only as much as they need, reducing or eliminating the euphoria. Some use marijuana only before bed.

The federal government has officially recognized THC's medical properties since 1985, when the FDA approved a prescription drug that is made of synthetic THC — Marinol — for nausea. Yet, Marinol is not adequate for many Patients who can benefit from marijuana. For nauseated Patients, a pill can be impossible to keep down. Meanwhile, many Patients benefit from the synergistic effect of THC and the other cannabinoids, such as CBD. Natural marijuana is less intoxicating than Marinol because Patients can titrate their dosage and other cannabinoids moderate THC's psychoactive properties.

Studies have shown that marijuana that includes THC can alleviate a host of debilitating conditions, including:

6. Nausea and appetite loss: Researchers have found THC and marijuana with THC are effective anti-emetics and appetite stimulants for individuals suffering from the side effects of cancer chemotherapy or AIDS treatments.
  - Multiple sclerosis: Research has found that marijuana with THC can alleviate spasticity. In addition, Canada, the U.K., and several other countries approved an oral marijuana extract made of equal proportions of CBD and THC.
  - Pain: Several studies have found that marijuana strains that include THC can alleviate neuropathic pain — a notoriously difficult-to-treat nerve pain commonly found in amputees, AIDS Patients, and Patients with multiple sclerosis.

Since the 1970's, the federal government has been providing a handful of individuals who suffer from various ailments with marijuana grown at the University of Mississippi as part of the Compassionate Investigational New Drug program. The four surviving Patients still receiving federal marijuana receive a strain with almost no CBD that has been essential to managing their conditions — a rare bone spur disorder, multiple sclerosis, glaucoma, and a painful condition called nail patella syndrome, respectively. The marijuana these individuals have benefitted from would not be allowed under CBD-only proposals.

## **Conclusion**

Medical marijuana legislation should not be so restrictive as to leave behind around 98% of the individuals who can benefit from it. THC has proven medical benefits and individuals who can benefit from strains that include it should not be forgotten when legislators debate medical marijuana bills.

## **DRAFT - TRAINING & OUTREACH DOCUMENT**

### **The History of Medical Marijuana (Need to include Delaware info)**

8000 BCE Hemp Rope – Evidence of hemp rope used as a tool for pottery has been found in what is modern-day Taiwan. Finding hemp use and cultivation in this date range puts it as one of the first and oldest known human agriculture crops. <http://bit.ly/16Q2TnW>

6000 – 4000 BCE Cannabis Extracts – Cannabis seeds used for food and oil extracts in China as well as textiles in Turkestan. <http://bit.ly/16Q2XUA>

2737 BCE Medicinal Cannabis in China – Emperor Shen Neng of China uses marijuana for medicinal purposes. This is the first ever recorded instance of cannabis used for medicine. The Emperor recommended cannabis to treat over 100 different ailments and is still used as a folk remedy in China today. <http://bit.ly/1dOfBbW>

2000 BCE Shiva, Bhang and Cannabis in India – The Vedas are the oldest Hindu scriptures known to man. In this literature, there are references to Bhang (a mixture of dried marijuana plant material, stems and seeds), which is usually made into a drink. Cannabis is identified as one of the five holy plants used as part of a spiritual offering to the Hindu God, Shiva. <http://bit.ly/1hgn8A2>

1450 BCE Cannabis in the Bible – In the Bible, the Book of Exodus references “holy anointing oil,” also known as chrism that was made up of about six pounds of cannabis (or kaneh-bosem as it is called in Hebrew) extracted into six quarts of olive oil with other fragrant herbs. <http://bit.ly/1h9e14a>

1213 BCE Medicinal Marijuana in Ancient Egypt – Remnants of cannabis plants were found on the mummy of Ramesses II. In Ancient Egypt, cannabis was used to remedy glaucoma, inflammation and other skin ailments. The Egyptians were way ahead of their time. <http://bit.ly/1fNRgEZ>

1000 BCE Bhand used for Medicinal Purposes in India – In India the medical uses of Bhang expand beyond the spiritual realm, and the cannabis mixture is used as an anesthetic and as an anti-phlegmatic. <http://bit.ly/16wZTma>

200 BCE Medical Marijuana in Ancient Greece – Medical cannabis use is recorded in Greece to treat ailments such as earaches, edema and inflammation. <http://bit.ly/19MkfTu>

100 BCE Hemp Paper – Techniques for making durable paper out of hemp are perfected in China. <http://bit.ly/1h9erYm>

30 Jesus Uses Cannabis Oil – Jesus anointed his disciples with chrism, a holy oil made from cannabis. The holy chrism was used for healing and casting out demons. <http://bit.ly/1fNSfFm>

200 Cannabis Used in Chinese Surgery – Chinese Surgeon Hua T'o used a mixture of cannabis resin and red wine referred to as “ma-yo” as anesthetic, rendering excruciating procedures painless. <http://bit.ly/18wpwzE>

1300 Marijuana Spreads Across Africa – Marijuana and smoking pipes were found in Ethiopia, suggesting that cannabis spread from Egypt into the rest of Africa at this time in history. <http://bit.ly/1bN5Yfp>

1484 Pope Says No to Dope – The Pope declares that smoking cannabis is sacrilegious because of its link to Satanic worship. <http://bit.ly/169IUUI>

1611 Marijuana Travels to North America – Jamestown settlers bring marijuana across the ocean and into North America. Hemp was one of their most important exports. Penalties were imposed by the British government on settlers who did not grow hemp. <http://bit.ly/1bWBGqK>

1745 George Washington Cultivates Cannabis – The first American president, George Washington, grew hemp at his Mt. Vernon plantation. According to his agricultural records, he was very interested in medical marijuana and was growing cannabis with a high THC content. <http://nbcnews.to/1hiUnCL>

1745 Thomas Jefferson Cultivates Hemp – Thomas Jefferson was recorded growing and cultivating marijuana at Monticello. There is no record of Jefferson using marijuana for recreational purposes, compared to Washington, who recorded his experience of smoking in his diary. For a complete list of politicians who have admitted to using cannabis, see: <http://bit.ly/17jbwL3>

1794 The First Dispensary – The first legal medical marijuana dispensary appears in Edinburgh, Scotland. <http://bit.ly/1fCRDEN>

1840 MMJ Takes the Pain Away for the Queen of England – Queen Victoria of the United Kingdom is prescribed cannabis to relieve menstrual cramps. By this time marijuana is considered mainstream medicine in the West. <http://bbc.in/18FEu8p>

1851- Medical Marijuana Officially Recognized by the US – Marijuana is added to the US Pharmacopeia, an official public standard for all prescriptions and over the counter medications. <http://bit.ly/1bhz7zW>

1915 Prohibition Begins in the US – California is the first state to pass marijuana prohibition laws. <http://bit.ly/15zBqXb>

1930 The US Federal Government Takes on Marijuana – Harry J. Anslinger is appointed Commissioner of the Federal Bureau of Narcotics. He represented the most extreme reaction against marijuana use. <http://bit.ly/16x3KQ9>

1933 Marijuana Demonized by Public Figures – Newspaper tycoon William Randolph Hearst

played a large role in demonizing marijuana by publishing sensationalist and outlandish stories that linked cannabis consumption to violence. Learn more about the “hemp conspiracy” at: <http://bit.ly/1bmgLhq>

1934 Prohibition Begins in China – The Chinese government moves to end all cannabis cultivation, and hashish is made illegal in Chinese Turkestan. For a full history of hashish continue reading here: <http://bit.ly/18FFKZh>

1937 Impact of the Marijuana Tax Act – U.S. Congress passes the Marijuana Tax Act, which criminalized the drug against the advice of the American Medical Association. Congress cited William Randolph Hearst’s outlandish newspaper articles as reasoning for the decision. On October 2nd, in Denver Colorado, Samuel R. Caldwell became the first marijuana seller to be arrested and convicted under federal law. <http://bit.ly/1dS9KSV>

1938 Reefer Madness -By the end of this year, all 48 states had laws regulating the use of marijuana. Reefer Madness is released to the American public cautioning against marijuana use through the story of a young protagonist whose life is ruined by marijuana. Watch the full film here: <http://bit.ly/14XV7Lo>

1941 Medical Marijuana No Longer Recognized in the US – Marijuana is removed from the U.S. Pharmacopeia and its medicinal use is no longer recognized in the United States. <http://bit.ly/1h9e14aa>

1942 Cannabis “Truth Serum” – Marijuana was used by the CIA as “truth serum” to extract information from prisoners of war. The experiment was known as Project MK Ultra. Learn more about Project MK Ultra at: <http://bit.ly/15FLZZ1>

1944 Search for the Truth about Cannabis – The LaGuardia Report concluded that many claims about the dangers of marijuana were exaggerations or completely untrue. This report summarized that marijuana was less dangerous than commonly thought at the time. <http://bit.ly/19iqSvW>

1951 The Boggs Act – Based on the misbelief that drug addiction was contagious and that cannabis was addictive, the Boggs Act and the Narcotics Control Act in the U.S. increase all drug penalties and add mandatory prison sentences for first offenses, including minimal possession, with no distinction between users and traffickers. <http://bit.ly/1eU9aXT>

1970 NORML is Founded – The US National Organization for the Reform of Marijuana Laws (NORML) was formed. This group of activists and lobbyists campaigns to change laws and end marijuana prohibition: <http://bit.ly/17jdKKn>

1970 The Controlled Substances Act – The Controlled Substances Act is passed by Congress, which created the current classification system for drugs. Under this system, marijuana is a Schedule 1 drug with “no accepted medical use and a high potential for abuse” along with heroin and cocaine. To learn more about DEA Drug Scheduling click here: <http://1.usa.gov/19irOjZ>

1971 The War on Drugs Begins – President Nixon declared his war on drugs and stated that he would not legalize marijuana regardless of any recommendations. Follow the link for more information on the War on Drugs: <http://bit.ly/19Qoyxk>

1976 Compassionate Use Research Program – The Federal Government creates the Compassionate Investigational New Drug Use Research Program. This allowed for the first American medicinal use of cannabis since modern prohibition. <http://bit.ly/16ZntST>

1992 The End of the Compassionate Use Program – The Compassionate Use program, in which the government provided marijuana to Patients with incurable ailments, closes after 16 years, due to a surge in requests from AIDS Patients. <http://bit.ly/18FMUwo>

1994 The End of the Schedule Battle for MMJ – After 22 years of legal disputes over the rescheduling of marijuana, the final decision is announced that marijuana will remain a Schedule 1 drug. Learn more about the fight here: <http://bit.ly/19QigyK>

1996 – 2006 Re-Legalization of Medical Marijuana – California becomes the first state to re-legalize the medical use of marijuana for individuals suffering from AIDS, cancer and other serious ailments. Arizona, Alaska, Colorado, Maine, Montana, Nevada, Oregon, Washington, Washington D.C., Hawaii, Maryland, New Mexico, Rhode Island and Vermont all pass similar measures thereafter. <http://bit.ly/1eU7ZYu>

2001 Bush Intensifies the War on Drugs – The United States Supreme Court rules that there is no medical exception to the Controlled Substances Act and attacks the medical marijuana dispensary, the Oakland Cannabis Buyers Cooperative. President G.W. Bush intensifies the war on drugs by targeting doctors and Patients. Read the full case details here: <http://bit.ly/15FNN41>

2002 Washington Blocks State Laws on Medical Marijuana – Washington D.C. overturns previous rulings that allowed for medicinal use of cannabis without providing any rationale for such decisions, thus preventing any state laws regarding the legalization of medical marijuana from going into effect. <http://bit.ly/1aEwDaw>

2005 DEA Raids on Legal Dispensaries – DEA agents raided 11 medical marijuana dispensaries in California. No arrests were made. However, many of the dispensaries had their crops seized by federal agents. <http://lat.ms/1dS8f7n>

2009 Obama Seeks to End the War on Drugs – The Department of Justice announced it would not make the prosecution of legal medical marijuana Patients and medical marijuana distributors a priority as long as they abide by state laws regarding medical marijuana. President Obama takes steps to end the 20-year war on drugs. <http://huff.to/16Zjztk>

2010 Colorado Takes the Lead on Regulation of Medical Marijuana – Colorado increases regulations to reduce fraud and abuse in the medical marijuana industry. <http://bit.ly/19Qjo5A>

2011 Research on States with Medical Marijuana Shows Positive Results – Researchers found that fatal car accidents fell by 9% in states that legalized medical marijuana. The study also

found that there was no increase in use of marijuana by teenagers in states with legal medical marijuana dispensaries. Read the full study here: <http://bit.ly/15FNuXd>

2011 Delaware Act

2012 Colorado and Washington Legalize Marijuana – Ballot initiatives in the 2012 election make Colorado and Washington the first states to legalize the recreational use of marijuana. <http://reut.rs/1blBqyz>

2013 Sanjay Gupta on CNN – A well respected doctor, Dr. Sanjay Gupta, reverses his stance on medical marijuana, stating that there is no sound scientific evidence to support the classification of marijuana as a Schedule 1 drug. He concluded, “We have been terribly and systematically misled for nearly 70 years in the United States and I apologize for my own role in that.” <http://bit.ly/17jgFTn>

2013 Delaware Code

2014 Delaware “Pilot” Compassion Center

<http://mmjamerica.com/the-history-of-medical-marijuana/>

# **DRAFT - TRAINING & OUTREACH DOCUMENT**

## **Health Benefits of Medical Marijuana**

### **Cancer:**

#### **Brain Cancer**

A 2006 study conducted by the Department of Biochemistry and Molecular Biology at Complutense University in Madrid determined that THC and other cannabinoids found in medical marijuana inhibit tumor growth. The administration of THC to the body via medical marijuana was found to decrease tumor cells in two out of the nine trial Patients for whom traditional treatments were unsuccessful.

A study published in the Journal of Neuroscience found that THC reduced neuronal injury in test subjects. The results of this study provide evidence that stimulating the cannabinoid system naturally occurring in the brain can serve to protect the brain against neurodegeneration.

A study published in the Journal of Pharmacology and Experimental Therapeutics has already acknowledged the fact that cannabinoids present in medical marijuana possess antitumor properties. This study concluded that cannabidiol was able to produce a significant antitumor activity by reducing the growth of Glioma cell lines on brain cells. Glioma is the word used to describe brain tumor.

#### **Breast Cancer**

A study published in the US National Library of Medicine determined that cannabidiol also known as CBD, one of the main active ingredients in marijuana, inhibits human breast cancer cell proliferation and invasion. The study also demonstrated that CBD significantly reduces tumor mass.

A study published in the Journal of Pharmacology and Experimental Therapeutics determined that THC as well as CBD dramatically reduced breast cancer cell growth.

A study published in the Journal of Molecular Cancer showed that THC reduced tumor growth and tumor numbers. The study determined that cannabinoids inhibit cancer cell proliferation, facilitate the natural process of killing off harmful cells within the body (apoptosis), and impair tumors from creating more cancerous cells. Thus, the study provides strong evidence for the use of cannabinoid-based therapies for the management of breast cancer.

#### **Lung Cancer**

A study published by Harvard Medical Schools Experimental Medicine Department states that THC should be explored as therapeutic molecules in controlling the growth and development of new growths of certain lung cancers.

A study published by the US National Library of Medicine provided data that indicated that cannabinoids, a naturally occurring chemical, decrease cancer cell invasiveness.

#### **Blood Cancer**

A study conducted by the Department of Pharmacology and Toxicology determined that cannabinoids aided in the death (apoptosis) of leukemia cells. Other studies published in the

International Journal of Cancer and the Journal of Molecular Pharmacology found similar results in using medical marijuana to aid in the death (apoptosis) of matle cell lymphoma, a rare form of blood cancer.

### **Oral Cancer**

A study published by the US National Library of Medicine showed results that cannabinoids are toxic to highly dangerous and uncontrollable oral tumors.

### **Prostate Cancer**

A study published in the US National Library of Medicine illustrates a decrease in prostatic cancer cells by acting through cannabinoid receptors. Another study published by the US National Library of Medicine determined that clinical testing of CBD against prostate carcinoma is a must.

### **Seizures:**

#### **Dravet Syndrome**

Severe Myoclonic Epilepsy of Infancy, also known as Dravet Syndrome is a rare form of epilepsy that develops in infancy and is extremely difficult to control. Children do not outgrow this condition, and it affects every aspect of their lives and development due to recurring seizures. Current treatment options are very limited. However, medical marijuana is offering hope in treating this disease. After hearing about other success stories of using legal medical marijuana, the Figis family in Colorado has seen vast improvement in the quality of life and cognitive development of their six year old daughter after all other treatment options showed little to no improvements, their daughter, Charlotte, is now prescribed a very special strain that is high in CBD and low in THC.

#### **Muscle Spasms and Multiple Sclerosis**

A study in the Open Neurology Journal found that the use of medical marijuana significantly reduced pain, the majority of Patients using medical marijuana reported a 30%-40% decrease in pain intensity and resultant improved quality in life. Research using oral cannabis-based pharmaceuticals shows significantly reduction in neuropathic pain and muscle spasms associated with multiple sclerosis.

A separate study conducted by the Global Neuroscience Initiative Foundation saw a trend in reduced spasticity in Patients treated with medical marijuana.

### **HIV/AIDS**

#### **Pain and Wasting Associated with HIV/AIDS**

A study published in the Journal of Acquired Immune Deficiency Syndrome examined the effects of smoked medical marijuana and ingested cannabis via Dronabinol, a cannabis-based pharmaceutical and its impact on HIV positive Patients. The results showed that daily caloric intake increased for all Patients using cannabis, as well as positive increases in mood. Smoking legal medical marijuana also led to improved sleep rating for Patients as well.

#### **Inhibiting the Virus**

According to new findings published in the journal PLoS ONE, researchers have now discovered that marijuana-like chemicals trigger receptors in human immune cells that can directly inhibit a type of human immuno-deficiency virus (HIV) found in late-stage AIDS.

### **Glaucoma**

In the scientific review Marijuana and Medicine, it is stated that THC has been shown to reduce by an average of 24% intra-ocular pressure (IOP), which is what causes pain to individuals suffering from Glaucoma.

<http://mmjamerica.com/medical-marijuana-health-benefits/>

## DRAFT - TRAINING & OUTREACH DOCUMENT



### Top Ten Reasons to End Marijuana Prohibition by Taxing and Regulating Marijuana

- 1. Prohibition has failed — marijuana use is mainstream and widespread.** When the federal government first effectively prohibited marijuana in 1937, relatively few Americans had even heard of it. Today, according to 2010 U.S. Department of Health and Human Services data, 106 million Americans admit to having tried it (17.4 million in the last month), and every year, the Monitoring the Future survey finds that over 80% of high school seniors say marijuana is easy to obtain.
- 2. Prohibition is an immense waste of public resources, while marijuana taxation would bring in much-needed revenue.** According to 2010 estimates by Harvard University economist Jeffrey Miron, replacing marijuana prohibition with a system of taxation and regulation would yield \$17.4 billion in government savings and increased tax revenues.
- 3. Arresting and prosecuting marijuana offenders prevents police from focusing on real crime.** In Chicago alone, the police superintendent estimated officers spent 45,000 police hours on arrests for 10 grams or less of marijuana in a year. Meanwhile, FBI data shows that less than half of violent crimes and only 18% of property crimes were cleared nationwide in 2010.
- 4. Prohibition sends an incredible number of Americans through the criminal justice system, ruining countless lives.** According to the FBI, since 1995, there have been more than 12 million U.S. marijuana arrests, with 853,838 in 2010 – significantly more than for all violent crimes combined. Eighty-eight percent of these arrests are for possession – not manufacture or distribution.
- 5. Marijuana laws are enforced unevenly.** According to Jon Gettman, Ph.D., blacks are three times as likely to be arrested for marijuana possession than whites, despite the fact that use rates among African Americans are proportional to use rates among whites. While marijuana users who were not convicted have gone on to be president or Supreme Court justice, a criminal conviction can stand in the way of securing a job; getting housing; or receiving a professional license, student loans, food assistance, a driver's license, a firearms permit, or the right to vote.
- 6. There is no evidence that imposing criminal penalties on marijuana use reduces its use.** The National Research Council found that "perceived legal risk explains very little in the variance of individual drug use." In 2008, the World Health Organization found that in the Netherlands, where adults are allowed to purchase and possess small amounts of marijuana, both teen and adult marijuana use is significantly lower than in the U.S., where marijuana is illegal.
- 7. Prohibition makes control impossible.** Producers and sellers of marijuana are completely unregulated. Unlike licensed businesses that sell liquor or tobacco, marijuana sellers operate virtually anywhere and have no incentive not to sell to minors. Prohibition guarantees that marijuana cannot undergo quality control inspections for purity and potency, creating possible health hazards as a result of contamination by pesticides, herbicides, fertilizers, molds, fungi, or bacteria, as well as the lacing of marijuana with other drugs or formaldehyde. Under taxation and regulation, producers and sellers would be licensed and zoned accordingly.
- 8. Marijuana prohibition breeds violence.** Currently, the only sellers of marijuana are criminals. As in 1920s Chicago, since disputes cannot be solved lawfully, violence is inevitable. According to *the Atlantic*, since 2006, more than 50,000 people have been killed in Mexican drug cartel-related violence. Those purchasing marijuana illegally also may face muggings and other violence.
- 9. Prohibition is bad for the environment.** Because marijuana cultivation is illegal, unlicensed, and carries felony charges, it often takes place in environmentally damaging locations such as national parks and wilderness areas. Under taxation and regulation, marijuana sales would be relegated to regulated, licensed businesses, which would cultivate in legally zoned areas.
- 10. Marijuana is safer than alcohol.** Unlike legal substances such as water, alcohol, Tylenol, and prescription opiates, marijuana has never caused a single medically documented overdose death in recorded history. Alcohol causes hundreds of overdose deaths each year, and in 2009 (the latest year for which data is available), the U.S. Centers for Disease Control and Prevention reported 24,518 "alcohol-induced deaths." The British government's official scientific body on drug policy concluded that [legally regulated drugs] alcohol and tobacco are "significantly more harmful than marijuana." American law treats alcohol as if it were safer than marijuana, encouraging people to drink.

## **DRAFT - TRAINING & OUTREACH DOCUMENT**

### **Briefing Paper – Marijuana Policy Project**

For thousands of years, marijuana has been used to treat a wide variety of ailments. Until 1937, marijuana (*Cannabis sativa* L.) was legal in the United States for all purposes. Presently, federal law allows only four Americans to use marijuana as a medicine.

On March 17, 1999, the National Academy of Sciences' Institute of Medicine (IOM) concluded, "there are some limited circumstances in which we recommend smoking marijuana for medical uses." The IOM report, the result of two years of research that was funded by the White House drug policy office, analyzed all existing data on marijuana's therapeutic uses. Please see <http://www.mpp.org/science>.

#### **MEDICAL VALUE**

Marijuana is one of the safest therapeutically active substances known. No one has ever died from an overdose, and it has a wide variety of therapeutic applications, including:

- Relief from nausea and appetite loss;
- Reduction of intraocular (within the eye) pressure;
- Reduction of muscle spasms; and
- Relief from chronic pain.

Marijuana is frequently beneficial in the treatment of the following conditions:

**AIDS.** Marijuana can reduce the nausea, vomiting, and loss of appetite caused by the ailment itself and by various AIDS medications. Observational research has found that by relieving these side effects, medical marijuana increases the ability of Patients to stay on life-extending treatment. (See also CHRONIC PAIN below.)

**HEPATITIS C.** As with AIDS, marijuana can relieve the nausea and vomiting caused by treatments for hepatitis C. In a study published in the September 2006 *European Journal of Gastroenterology & Hepatology*, Patients using marijuana were better able to complete their medication regimens, leading to a 300% improvement in treatment success.

**GLAUCOMA.** Marijuana can reduce intraocular pressure, alleviating the pain and slowing—and sometimes stopping — damage to the eyes. (Glaucoma is the leading cause of blindness in the United States. It damages vision by increasing eye pressure over time.)

**CANCER.** Marijuana can stimulate the appetite and alleviate nausea and vomiting, which are common side effects of chemotherapy treatment.

**MULTIPLE SCLEROSIS.** Marijuana can limit the muscle pain and spasticity caused by the disease, as well as relieving tremor and unsteadiness of gait. (Multiple sclerosis is the leading cause of neurological disability among young and middle-aged adults in the United States.)

**EPILEPSY.** Marijuana can prevent epileptic seizures in some Patients.

**CHRONIC PAIN.** Marijuana can alleviate chronic, often debilitating pain caused by myriad disorders and injuries. Since 2007, three published clinical trials have found that marijuana effectively relieves neuropathic pain (pain caused by nerve injury), a particularly hard to treat type

of pain that afflicts millions suffering from diabetes, HIV/AIDS, multiple sclerosis, and other illnesses.

Each of these applications has been deemed legitimate by at least one court, legislature, and/or government agency in the United States.

Many Patients also report that marijuana is useful for treating arthritis, migraine, menstrual cramps, alcohol and opiate addiction, and depression and other debilitating mood disorders.

Marijuana could be helpful for millions of Patients in the United States. Nevertheless, other than for the four people with special permission from the federal government, medical marijuana remains illegal under federal law!

People currently suffering from any of the conditions mentioned above, for whom the legal medical options have proven unsafe or ineffective, have two options:

1. Continue to suffer without effective treatment; or
2. Illegally obtain marijuana — and risk suffering consequences directly related to its illegality, such as:
  - an insufficient supply due to the prohibition-inflated price or scarcity; impure, contaminated, or chemically adulterated marijuana;
  - arrests, fines, court costs, property forfeiture, incarceration, probation, and criminal records.

## **BACKGROUND**

Prior to 1937, at least 27 medicines containing marijuana were legally available in the United States. Many were made by well-known pharmaceutical firms that still exist today, such as Squibb (now Bristol-Myers Squibb) and Eli Lilly. The Marijuana Tax Act of 1937 federally prohibited marijuana. Dr. William C. Woodward of the American Medical Association opposed the Act, testifying that prohibition would ultimately prevent the medical uses of marijuana.

The Controlled Substances Act of 1970 placed all illicit and prescription drugs into five "schedules" (categories). Marijuana was placed in Schedule I, defining it as having a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

This definition simply does not apply to marijuana. Of course, at the time of the Controlled Substances Act, marijuana had been prohibited for more than three decades. Its medical uses forgotten, marijuana was considered a dangerous and addictive narcotic.

A substantial increase in the number of recreational users in the 1970s contributed to the rediscovery of marijuana's medical uses:

- Many scientists studied the health effects of marijuana and inadvertently discovered marijuana's medical uses in the process.
- Many who used marijuana recreationally also suffered from diseases for which marijuana is beneficial. By accident, they discovered its therapeutic value.

As the word spread, more and more Patients started self-medicating with marijuana. However, marijuana's Schedule I status bars doctors from prescribing it and severely curtails research.

## **THE STRUGGLE IN COURT**

In 1972, a petition was submitted to the Bureau of Narcotics and Dangerous Drugs — now the Drug Enforcement Administration (DEA) — to reschedule marijuana to make it available by prescription.

After 16 years of court battles, the DEA's chief administrative law judge, Francis L. Young, ruled on September 6, 1988:

"Marijuana, in its natural form, is one of the safest therapeutically active substances known. ..."

"... [T]he provisions of the [Controlled Substances] Act permit and require the transfer of marijuana from Schedule I to Schedule II."

"It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance. ..."

Marijuana's placement in Schedule II would enable doctors to prescribe it to their Patients. But top DEA bureaucrats rejected Judge Young's ruling and refused to reschedule marijuana. Two appeals later, petitioners experienced their first defeat in the 22-year-old lawsuit. On February 18, 1994, the U.S. Court of Appeals (D.C. Circuit) ruled that the DEA is allowed to reject its judge's ruling and set its own criteria — enabling the DEA to keep marijuana in Schedule I.

However, Congress has the power to reschedule marijuana via legislation, regardless of the DEA's wishes.

## **TEMPORARY COMPASSION**

In 1975, Robert Randall, who suffered from glaucoma, was arrested for cultivating his own marijuana. He won his case by using the "medical necessity defense," forcing the government to find a way to provide him with his medicine. As a result, the Investigational New Drug (IND) compassionate access program was established, enabling some Patients to receive marijuana from the government.

The program was grossly inadequate at helping the potentially millions of people who need medical marijuana. Many Patients would never consider the idea that an illegal drug might be their best medicine, and most who were fortunate enough to discover marijuana's medical value did not discover the IND program. Those who did often could not find doctors willing to take on the program's arduous, bureaucratic requirements.

In 1992, in response to a flood of new applications from AIDS Patients, the George H.W. Bush administration closed the program to new applicants, and pleas to reopen it were ignored by subsequent administrations. The IND program remains in operation only for the four surviving, previously approved Patients.

## **PUBLIC AND PROFESSIONAL OPINION**

There is wide support for ending the prohibition of medical marijuana among both the public and the medical community:

- Since 1996, a majority of voters in Alaska, Arizona, California, Colorado, the District of Columbia, Maine, Massachusetts, Michigan, Montana, Nevada, Oregon, and Washington state have voted in favor of ballot initiatives to remove criminal penalties for seriously ill people who grow or possess medical marijuana.
- A May 2013 Fox News poll found that 85% of Americans think "adults should be allowed to use marijuana for medical purposes if a physician prescribes it."
- Organizations supporting some form of physician-supervised access to medical marijuana include the American Academy of Family Physicians, American Nurses Association, American Public Health Association, American Academy of HIV Medicine, and many others.
- A 1990 scientific survey of oncologists (cancer specialists) found that 54% of those with an opinion favored the controlled medical availability of marijuana and 44% had already suggested at least once that a Patient obtain marijuana illegally. [R. Doblin & M. Kleiman, "Marijuana as Antiemetic Medicine," *Journal of Clinical Oncology* 9 (1991): 1314-1319.]

## **CHANGING STATE LAWS**

The federal government has no legal authority to prevent state governments from changing their laws to remove state-level penalties for medical marijuana use. Twenty states and the District of Columbia have already done so: Connecticut, Delaware, Hawaii, Illinois, New Hampshire, New Jersey, New Mexico, Rhode Island, and Vermont through their legislatures, and the others by ballot initiatives. State legislatures have the authority and moral responsibility to change state law to:

- Exempt seriously ill Patients from state-level prosecution for medical marijuana possession and cultivation; and
- Exempt doctors who recommend medical marijuana from prosecution or the denial of any right or privilege.

Even within the confines of federal law, states can enact reforms that have the practical effect of removing the fear of Patients being arrested and prosecuted under state law — as well as the symbolic effect of pushing the federal government to allow doctors to prescribe marijuana.

## **U.S. CONGRESS: THE FINAL BATTLEGROUND**

State governments that want to allow marijuana to be sold in pharmacies have been stymied by the federal government's overriding prohibition of marijuana.

The U.S. Supreme Court's June 2005 decision in *Gonzales v. Raich* preserved state medical marijuana laws but allowed continued federal attacks on Patients, even in states with such laws. While the Justice Department indicated in 2009 that it would refrain from raids where activity is clearly legal under state law, that policy change could be reversed anytime.

Efforts to obtain FDA approval of marijuana also remain stalled. Though some small studies of marijuana have been published or are underway, the National Institute on Drug Abuse — the only legal source of marijuana for clinical research in the U.S. — has consistently made it

difficult (and often nearly impossible) for researchers to obtain marijuana for their studies. At present, it is effectively impossible to do the sort of large- scale, extremely costly trials required for FDA approval.

In the meantime, Patients continue to suffer. Congress has the power and the responsibility to change federal law so that seriously ill people nationwide can use medical marijuana without fear of arrest and imprisonment.

## DRAFT - TRAINING & OUTREACH DOCUMENT

### **Marijuana Prohibition Facts (Marijuana Policy Project)**

- Relatively few Americans had even heard about marijuana when it was first federally prohibited in 1937. Today, over 106 million Americans admit to having tried it, and over 17.4 million say they have used it in the past month.<sup>1</sup> A study released in December 2006 found that marijuana is now the leading cash crop in the U.S., exceeding the value of corn and wheat combined.<sup>2</sup>
- According to government-funded researchers, high school seniors consistently report that marijuana is easily available, despite decades of a nationwide drug war. With little variation, every year over 80% consider marijuana “fairly easy” or “very easy” to obtain.<sup>3</sup>
- There have been more than 12 million marijuana arrests in the United States since 1995, including 853,838 in 2010, significantly more than for all violent crimes combined. One person is arrested for marijuana every 37 seconds. About 88% of all marijuana arrests are for possession — not manufacture or distribution.<sup>4</sup>
- Every comprehensive, objective government commission that has examined the marijuana phenomenon throughout the past 100 years has recommended that adults should not be criminalized for using marijuana.<sup>5</sup>
- Cultivation of even one marijuana plant is a federal felony.
- Lengthy mandatory minimum sentences apply to myriad offenses. For example, a person must serve a five-year mandatory minimum sentence if federally convicted of cultivating 100 marijuana plants — including seedlings or bug-infested, sickly plants. This is longer than the average sentences for auto theft and manslaughter!<sup>6</sup>
- A one-year minimum prison sentence is mandated for “distributing” or “manufacturing” controlled substances within 1,000 feet of any school, university, or playground. Most areas in a city fall within these “drug-free zones.” An adult who lives three blocks from a university is subject to a one-year mandatory minimum sentence for selling an ounce of marijuana to another adult — or even growing one marijuana plant in his or her basement.<sup>7</sup>
- In 2006, the last year for which data is available, federal government figures indicated there were more than 41,000 Americans in state or federal prison on marijuana charges, not including those in county jails.<sup>8</sup> That’s more than the number imprisoned *on all charges combined* in eight individual European Union countries.
- A federal survey found that nearly 10% of former state prison inmates had been sexually victimized the last time they were incarcerated.<sup>9</sup> Females were three times more likely to be victimized by other inmates than males, and 39% of gay male inmates were victimized by other inmates.<sup>10</sup>
- Civil forfeiture laws allow police to seize the money and property of suspected marijuana offenders — charges need not even be filed. The claim is against the property, not the defendant. The owner must then prove that the property is “innocent.” Enforcement abuses stemming from forfeiture laws abound.<sup>11</sup>
- According to a 2010 estimate by Harvard University economist Jeffrey Miron, replacing marijuana prohibition with a system of taxation and regulation would save around \$17.4 billion per year in reduced government spending and increased tax revenues.<sup>12</sup> Another researcher estimated that the revenue lost from our failure to tax the marijuana industry could be as high as \$31 billion!<sup>13</sup>
- Many Patients and their doctors find marijuana a useful medicine as part of the treatment for AIDS, cancer, glaucoma, multiple sclerosis, and other ailments. Yet the federal government allows only four Patients in the United States to use marijuana as a medicine, through a

program now closed to new applicants. Federal laws treat all other Patients currently using medical marijuana as criminals. Doctors are presently allowed to prescribe cocaine and morphine — but not marijuana.<sup>14, 15</sup>

- Organizations that have endorsed medical access to marijuana include the American Public Health Association, AIDS Action Council, Leukemia & Lymphoma Society, American Academy of HIV Medicine, American Nurses Association, Lymphoma Foundation of America, National Association of People With AIDS, the state medical associations of Maryland, California, and Rhode Island, and many others.
- A few of the many editorial boards that have endorsed medical access to marijuana include: *Boston Globe*, *Chicago Tribune*, *Miami Herald*, *New York Times*, *Orange County Register*, *USA Today*, *Baltimore's Sun*, and *The Los Angeles Times*.
- Since 1996, a majority of voters in Alaska, Arizona, California, Colorado, the District of Columbia, Maine, Michigan, Montana, Nevada, Oregon, and Washington state have voted in favor of ballot initiatives to remove criminal penalties for seriously ill people who grow or possess medical marijuana.
- In October 2011, the Gallup Poll reported an all-time record level of those who believe “the use of marijuana should be made legal” at 50% — a rise of 14 points since 2005.<sup>16</sup> Other polls have shown similar levels of support.<sup>17</sup> Support for legal access to medical marijuana has been consistently strong (e.g. 70% support according to Gallup in 2010<sup>18</sup>).
- Fifteen states have removed the possibility of jail time for possession of modest amounts of marijuana for personal use under most circumstances. Small fines may be issued (somewhat similarly to traffic tickets), but there is typically no arrest, incarceration, or criminal record. Those 15 states are Alaska, California, Colorado, Connecticut, Maine, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New York, North Carolina, Ohio, Oregon, and Rhode Island. In these states, cultivation and distribution, except when exempted under a state medical marijuana law (where applicable), remain criminal offenses.
- Decriminalization saves a tremendous amount in enforcement costs. California saved an estimated \$857 million in 2006 alone.<sup>19</sup>
- A 2001 National Research Council study sponsored by the U.S. government found “little apparent relationship between the severity of sanctions prescribed for drug use and prevalence or frequency of use, and ... perceived legal risk explains very little in the variance of individual drug use.” The primary evidence cited came from comparisons between states that have and have not decriminalized marijuana.<sup>20</sup>
- In the Netherlands, where adult possession and purchase of small amounts of marijuana are allowed under a regulated system, the rate of marijuana use by both teenagers and adults is lower than in the U.S., as is use of hard drugs such as cocaine.<sup>3, 21,22</sup> Under a regulated system, licensed merchants have an incentive to check ID and avoid selling to minors. Such a system also separates marijuana from the trade in hard drugs such as cocaine and heroin.
- “Zero tolerance” policies against “drugged driving” can result in “DUI” convictions of drivers who are not intoxicated at all. Trace amounts of THC metabolites — detected by commonly used tests — can linger in blood and urine for weeks after any psychoactive effects have worn off. This is equivalent to convicting someone of “drunk driving” weeks after he or she drank one beer.<sup>23</sup>
- The arbitrary criminalization of tens of millions of Americans who consume marijuana results in a large-scale lack of respect for the law and the entire criminal justice system.
- Marijuana prohibition subjects users to added health hazards:
- Adulterants, contaminants, and impurities — Marijuana purchased through criminal markets is not subject to the same quality control standards as are legal consumer goods. Illicit marijuana may be adulterated with much more damaging substances; contaminated with pesticides, herbicides, or fertilizers; and/or infected with molds, fungi, or bacteria.

- Inhalation of hot smoke — One well-established hazard of marijuana consumption is the fact that smoke is bad for the respiratory system. Laws that prohibit the sale or possession of paraphernalia make it difficult to obtain and use vaporizers, which are proven to reduce these risks.<sup>24</sup>
- Because vigorous enforcement of marijuana laws forces the toughest, most dangerous criminals to take over marijuana trafficking, prohibition links marijuana sales to violence, predatory crime, and terrorism. According to *The Atlantic*, more than 50,000 people have lost their lives in Mexican drug cartel-related violence since 2006.<sup>25</sup>
- Prohibition invites corruption within the criminal justice system by giving officials easy, tempting opportunities to accept bribes, steal and sell marijuana, and plant evidence on innocent people.
- Because marijuana is typically used in private, trampling the Bill of Rights is a routine part of marijuana law enforcement — e.g., use of drug dogs, urine tests, phone taps, government informants, curbside garbage searches, military helicopters, and infrared heat detectors.
- Because of marijuana prohibition, America’s largest cash crop is grown exclusively by unregulated criminals, often in environmentally damaging locations such as national parks and wilderness areas. Such problems are virtually unknown with legal, regulated crops such as tobacco or wine grapes.

#### NOTES

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## DRAFT - TRAINING & OUTREACH DOCUMENT

### Testing Frequently Asked Questions (FAQs)

**Q: What are THC, CBD, CBN, CBC, and CBG and why test?**

A: Just like any other medicine, you want to know how much active ingredient is in your cannabis. There is more than one cannabinoid in your cannabis depending on strain and storage.

Testing for THC, CBD, CBD, CBC and CBG provides important active ingredient information, helping you select the cannabis medicine that is right for you.

THC, CBD, CBN, CBC, CBG and about 80 other chemicals are all in a class of compounds known as cannabinoids, found in abundance in the cannabis plant. Cannabinoids are responsible for many of the effects of cannabis consumption and have important therapeutic benefits.

- **Delta-9-Tetrahydrocannabinol or (THC)** is a psychoactive cannabinoid responsible for many of the effects experienced by the cannabis user.
  - Mild to moderate pain relief, relaxation, insomnia and appetite stimulation.
  - THC has been demonstrated to have anti-depressant effects.
  - The majority of strains range from 12-21% THC with very potent and carefully prepared strains reaching even higher. Average THC potency is about 16-17% in Northern CA.
  - Recent research that suggests patients with a pre-disposition to schizophrenia and anxiety disorders should avoid high-THC cannabis.
- **Cannabidiol or (CBD)** occurs in many strains, at low levels, <1%. In rare cases, CBD can be the dominant cannabinoid, as high as 15% by weight. Popular CBD-rich strains (>4% CBD) include Sour Tsunami, Harlequin and Cannatonic.
  - It can provide relief for chronic pain due to muscle spasticity, convulsions and inflammation. Offering relief for patients with MS, Fibromyalgia and Epilepsy.
  - Some researchers feel it provides effective relief from anxiety-related disorders.
  - CBD has also been shown to inhibit cancer cell growth when injected into breast and brain tumors in combination with THC.
- **Cannabinol or (CBN)** is an oxidative degradation product of THC. It may result from improper storage or curing and extensive processing, such as when making concentrates. It is usually formed when THC is exposed to UV light and oxygen over time.
  - CBN has some psychoactive properties, about 10% of the strength of THC.
  - CBN is thought by researchers to enhance the dizziness and disorientation users of cannabis may experience.
  - It may cause feelings of grogginess and has been shown to reduce heart rate.
- **Cannabichromene or (CBC)** is a rare, non-psychoactive cannabinoid, usually found at low levels (<1%) when present.
  - Research conducted has shown CBC has anti-depressant effects, 10x those of CBD.
  - CBC has also been shown to improve the pain-relieving effects of THC.
  - Studies have demonstrated that CBC has sedative effects, promoting relaxation.
- **Cannabigerol or (CBG)** is a non-psychoactive cannabinoid. It is commonly found in cannabis. CBG-acid is the precursor to both THC-acid and CBD-acid in the plant usually found at low levels (<1%) when present.
  - Researchers have demonstrated both pain relieving and inflammation reducing effects.
  - CBG reduces intraocular pressure, associated with glaucoma.

CBG has been shown to have antibiotic properties and to inhibit platelet aggregation, which slows the rate of blood clotting.

**Q: What are the expected levels of THC in medical cannabis flowers:**

A: Mild: Less than 10%, Moderate: 10-17%, Strong: 17-25%

**Q: What determines how much THC and CBD are in a plant?**

A: The mix of cannabinoid (THC vs. CBD) in a plant is the result of heredity. The total amount of cannabinoid (THC+CBD+CBN+CBC+CBG+etc) in a plant is the result of how well it is grown and stored.

The genes that are responsible for the production of THC and CBD affect how one another are expressed in the final flowering plant.

It appears that a single gene dictates whether a plant produces THC or CBD.

- A plant inherits a copy of this gene from both of its parents.
- If both genes are of the THC type, the plant produces almost entirely THC; if CBD type, almost all CBD, and if the plant inherits one of each, it will produce a mix of approximately ½ THC and ½ CBD.
- There is significant variation in the “strength” of these genes, so the ratio of THC to CBD production varies from plant to plant depending on the exact copy of the genes the plant has inherited.
- Each clone of the plant will, however, produce essentially the same ratio of THC to CBD as its “parent”.
- 

In hemp strains, the CBD form tends to predominate, so the primary cannabinoid in hemp is CBD. By contrast, drug strains of marijuana have been selected over centuries of breeding for the TCH gene.

**Q: Why test for mold and fungus?**

A: You want to know your medicine is safe. Natural medicines are a wonderful solution as long as they are grown and processed with care. Even with special care sometimes unwanted mold and fungus can make their way onto and into the cannabis flowers. Screening for mold and fungus gives you the assurance that your medicine is safe to consume.

**Q: Why test for Pesticides?**

A: Pesticides are often odorless and colorless. Testing cannabis for harmful pesticide residue ensures medicine is free from commonly used pesticides.

A number of harmful products may be used on cannabis during the cultivation cycle. These include insecticides, fungicides, and plant growth regulators. Testing is performed for these harmful substances and provide results stating the level of contamination detected.

Samples are analyzed for all chlorinated, fluorinated, and brominated pesticides including synthetic pyrethroids and harmful fungicides.

<http://pureanalytics.net>

## **DRAFT - TRAINING & OUTREACH DOCUMENT**

### **Vaporizer Information**

#### **What is a Vaporizer**

A vaporizer is any device used to raise the temperature of a material in order to release (thermally desorb) desirable components in the form of vapor without creating combustion. Although the vaporizer concept has been around for decades, it is only in the last 15 years or so that commercial vaporizers have been manufactured and sold. Today, the benefits of vaporization are becoming more widely known, consequently the number and variety of devices has been rapidly increasing. This makes classifying vaporizers unexpectedly difficult, but every vaporizer has two essential components: a heat source, and a delivery system.

#### **Temperature Guide**

Many vaporizers allow you to select a temperature. Some have a continuous scale, while others only allow you to choose one of a number of set temperatures. Some devices have a digital display, while others use one or more LEDs to indicate that you've reached the selected temperature. Vaporizers with temperature control often limit the highest temperature so that you can't reach combustion accidentally, but this can't be guaranteed. That's because a lot of different materials can be vaporized, all with different combustion points, and the moisture content must be considered as well. Dry material obviously will burn first.

Regardless of how you select the temperature or how it is displayed to you, none of these vaporizers is actually measuring the temperature of the substance that you are vaporizing. In general, manufacturers try to get as close as possible, and might include a "fudge factor" in order to represent the actual vaporization temperature. You can safely assume that any display or set point isn't completely accurate but is reasonably close to what the manufacturer claims. Most important to you, it provides a consistent setting that you can return to. The exception to this is the temperature control of a cheap "bargain" vaporizer. These are usually sold for \$50 or less on eBay, and often have a wildly inaccurate digital display that might be consistent. (The key word here is "might".)

#### **Blog on Vaporizers on Hollywoodsmokin.com**

There are two main ways to inhale active ingredients. One is through combustion – burning the substance. The other is vaporization – heating the substance to a temperature that allows the active ingredients to be released into the air.

Burning is easy and requires little upfront costs. Basically all you need are papers or a small hand pipe. Unfortunately, burning means harmful tars and carcinogens enter your body, harming you. Also, burning substances means the substance is heated beyond the ideal temperature and there's little control stopping the burning thus more active ingredients are released unused. That means you're wasting a lot of active ingredients.

When vaporizing, the substance is heated but never burned. No combustion takes place, which means no harmful tars/carcinogens enter your body. Vaporization extracts the active ingredients at ideal temperatures.

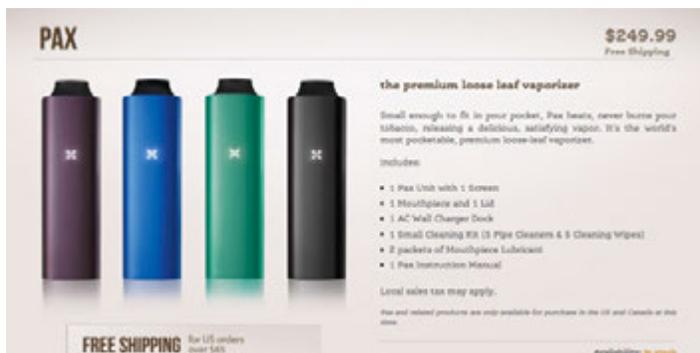
Try and think of it this way: You have an amazing quality 6lb. rib roast (or fish or veggies – not looking to offend my vegetarian or vegan friends). The ideal recipe calls for you to cook it at 350 degrees. But, let's say you don't have an oven, so you cook it over an open flame with no way to control how quickly it cooks. By cooking it over an open flame, there's lots of charred meat (filled with harmful carcinogens) and well-done meat (no nutritious value/ no active ingredients); So, ask yourself, of the 6 lb. roast you purchased, how much of the meat was actually enjoyed?

But when you cook it in the oven, the charring does not occur because the flame never is in direct contact with the substance. When using a vaporizer, practically all the active ingredients are enjoyed.

Keep in mind: not all vaporizers are equal – there are different heating elements, fuel used, and the quality of the internal parts are important. Some are heavy duty professional type for everyday use, some are portable, some are forced air, some are on-demand use.

Vaporization produces no combustion byproducts such as carbon monoxide, tars or other harmful elements, which are prime suspects in cigarette-related cancers. A vaporizer is a substitute for smoking or combusting of the material. Instead of burning the blend, the vaporizer just heats it enough so that the volatile medicinal constituents that are contained inside the watery secretions of the plant melt in an aromatic vapor.

Users who are concerned about the respiratory hazards of smoking are strongly advised to use vaporizers.



**PAX** **\$249.99**  
Free Shipping

**the premium loose leaf vaporizer**

Small enough to fit in your pocket, PAX heats, never burns your tobacco, releasing a delicious, satisfying vapor. It's the world's most pocketable, premium loose-leaf vaporizer.

Includes:

- 1 PAX Unit with 1 Screen
- 1 Mouthpiece and 1 Lid
- 1 AC Wall Charger Dock
- 1 Small Cleaning Kit (3 Pipe Cleaners & 3 Cleaning Wipes)
- 2 packets of Mouthpiece Lubricant
- 1 PAX Instruction Manual

Local sales tax may apply.

See and related products are only available for purchase in the US and Canada at this time.

**FREE SHIPPING** For US orders over \$45 availability in stock



**THE PLOOM** **\$39.95**

**revolutionary way to enjoy real tobacco in style**

Ploom modelTwo is a handheld device for warming our proprietary tobacco pods just enough to release their flavor in the form of a delicious, satisfying vapor. You can ploom four to five flavorful pods on each charge.

Includes:

- 1 Ploom with Mouthpiece
- 1 Ploom Instruction Manual
- 1 USB charging station

  
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product design winner

## DRAFT - TRAINING & OUTREACH DOCUMENT

### United States Department of Health & Human Services OCR Privacy Brief Summary of the HIPAA Privacy Rule

(First two pages of the document included here. Full document to be distributed.)

#### SUMMARY OF THE HIPAA PRIVACY RULE

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#### **Introduction**

The *Standards for Privacy of Individually Identifiable Health Information* (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).<sup>1</sup> The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

This is a summary of key elements of the Privacy Rule and not a complete or comprehensive

guide to compliance. Entities regulated by the Rule are obligated to comply with all of its applicable requirements and should not rely on this summary as a source of legal information or advice. To make it easier for entities to review the complete requirements of the Rule, provisions of the Rule referenced in this summary are cited in notes at the end of this document. To view the entire Rule, and for other additional helpful information about how it applies, see the OCR website: <http://www.hhs.gov/ocr/hipaa>. In the event of a conflict between this summary and the Rule, the Rule governs.

Links to the OCR Guidance Document are provided throughout this paper. Provisions of the Rule referenced in this summary are cited in endnotes at the end of this document. To review the entire Rule itself, and for other additional helpful information about how it applies, see the OCR website: <http://www.hhs.gov/ocr/hipaa>.

### **Statutory & Regulatory Background**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information. Collectively these are known as the *Administrative Simplification* provisions.

HIPAA required the Secretary to issue privacy regulations governing individually identifiable health information, if Congress did not enact privacy legislation within  
OCR Privacy Rule Summary1 Last Revised 05/03  
three years of the passage of HIPAA. Because Congress did not enact privacy legislation, HHS developed a proposed rule and released it for public comment on November 3, 1999. The Department received over 52,000 public comments. The final regulation, the Privacy Rule, was published December 28, 2000.<sup>2</sup>

In March 2002, the Department proposed and released for public comment modifications to the Privacy Rule. The Department received over 11,000 comments. The final modifications were published in final form on August 14, 2002.<sup>3</sup> A text combining the final regulation and the modifications can be found at 45 CFR Part 160 and Part 164, Subparts A and E on the OCR website: <http://www.hhs.gov/ocr/hipaa>.

### **Who is Covered by the Privacy Rule**

The Privacy Rule, as well as all the Administrative Simplification rules, apply to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the “covered entities”). For help in determining whether you are covered, use the decision tool at:

<http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp>.

## **DRAFT - TRAINING & OUTREACH DOCUMENT**

### **HIPPA FAQs**

<http://dhss.delaware.gov/dph/morefaqshipaa.html>

**(Only first two pages of document included here as reference.)**

#### **Q. What does the HIPAA Privacy Rule do?**

The HIPAA Privacy Rule for the first time creates national standards to protect individuals' medical records and other personal health information.

- It gives patients more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients' privacy rights.
- And it strikes a balance when public responsibility supports disclosure of some forms of data – for example, to protect public health. For patients – it means being able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used.
- It enables patients to find out how their information may be used, and about certain disclosures of their information that have been made.
- It generally limits release of information to the minimum needed for the purpose of the disclosure.
- It generally gives patients the right to examine and obtain a copy of their own health records and request corrections.
- It empowers individuals to control certain uses and disclosures of their health information.

#### **Q. Can a doctor, laboratory, or other health care provider share patient health information for treatment purposes by fax, e-mail, or over the phone?**

Yes. The Privacy Rule allows covered health care providers to share protected health information for treatment purposes without patient authorization, as long as they use reasonable safeguards when doing so. These treatment communications may occur orally or in writing, by phone, fax, e-mail, or otherwise.

For example:

- A laboratory may fax, or communicate over the phone, a patient's medical test results to a physician.
- A physician may mail or fax a copy of a patient's medical record to a specialist who intends to treat the patient.
- A hospital may fax a patient's health care instructions to a nursing home to which the patient is to be transferred.
- A doctor may discuss a patient's condition over the phone with an emergency room physician who is providing the patient with emergency care.
- A doctor may orally discuss a patient's treatment regimen with a nurse who will be involved in the patient's care.
- A physician may consult with another physician by e-mail about a patient's condition.
- A hospital may share an organ donor's medical information with another hospital treating the organ recipient.

The Privacy Rule requires Public Health to apply reasonable safeguards when making these communications to protect the information from inappropriate use or disclosure. These

safeguards may vary depending on the mode of communication used. For example, when faxing protected health information to a telephone number that is not regularly used, a reasonable safeguard may involve confirming the fax number with the intended recipient. Similarly, you may pre-program frequently used numbers directly into the fax machine to avoid misdirecting the information. When discussing patient health information orally with another provider in proximity of others, a doctor may be able to reasonably safeguard the information by lowering his/her voice.

**Q. What is ePHI?**

It is an acronym for electronic protected health information. Electronic Protected Health Information (ePHI) is either transmitted by electronic media or maintained in electronic media.

**Q. What is PHI?**

It is an acronym for protected health information. Protected Health Information is personal and sensitive medical information related to an individual's health care.

**Q. Must a health care provider or other covered entity obtain permission from a patient prior to notifying public health authorities of the occurrence of a reportable disease?**

No. All States have laws that require providers to report cases of specific diseases to public health officials. The HIPAA Privacy Rule permits disclosures that are required by law. Furthermore, disclosures to public health authorities that are authorized by law to collect or receive information for public health purposes are also permissible under the Privacy Rule. In order to do their job of protecting the health of the public, it is frequently necessary for public health officials to obtain information about the persons affected by a disease. In some cases they may need to contact those affected in order to determine the cause of the disease to allow for actions to prevent further illness.

The Privacy Rule continues to allow for the existing practice of sharing protected health information with public health authorities that are authorized by law to collect or receive such information to aid them in their mission of protecting the health of the public. Examples of such activities include those directed at the reporting of disease or injury, reporting deaths and births, investigating the occurrence and cause of injury and disease, and monitoring adverse outcomes related to food (including dietary supplements), drugs, biological products, and medical devices. See the fact sheet and frequently asked questions on this web site about the public health provision for more information.

**Q. Can you leave messages for patients at their homes, either on an answering machine or with a family member, to remind them of appointments or to inform them that a prescription is ready?**

Yes. The HIPAA Privacy Rule permits Public Health to communicate with patients regarding their health care. This includes communicating with patients at their homes, whether through the mail or by phone or in some other manner. In addition, the Rule does not prohibit Public Health from leaving messages for patients on their answering machines. However, to reasonably safeguard the individual's privacy, you should take care to limit the amount of information disclosed on the answering machine. For example, you might want to consider leaving only your name and number and other information necessary to confirm an appointment, or ask the individual to call back.

**DRAFT - TRAINING DOCUMENT**

**Procedure: Making a CBD or THCA Tinctures**

**Harvesting CBD or THCA.**

To start you will need the following.

29 Del.C. Ch. 100 Freedom of Information Act

**Preparation for Extraction**

29 Del.C. Ch. 100 Freedom of Information Act

[Redacted]

[Redacted]

**The Extraction**

29 Del.C. Ch. 100 Freedom of Information Act

[Redacted]

[Redacted]

[Redacted]

[Redacted]

29 Del.C. Ch. 100 Freedom of Information Act

**Making a CBD or THCA Tincture.**

29 Del.C. Ch. 100 Freedom of Information Act

## **I. Proposed Methodology and Work Plan**

### **8. Pricing & Payment – Including Provisions for Medicaid and SSI**

#### **Medical Marijuana Pricing:**

- 1 Gram (flower) - \$20-\$25
- 1/8 oz. (flower) - \$60-\$75
- 1 oz. (flower) - \$350-\$400
- 100 ml. (tincture) - \$100-\$125

#### **Proposed Medical Marijuana Sliding Scale Pricing for Patients with Medicaid or who are receiving SSI/SSDI:**

Patients who complete an application and show required documents as proof of Medicaid and SSI/SSDI will receive a 20% discount and will be charged the following:

- 1 Gram (flower) - \$16-\$20
- 1/8 oz. (flower) - \$48-\$60
- 1 oz. (flower) - \$280-\$320
- 100 ml. (tincture) - \$80-\$100
- We will also sponsor a program where Patients, determined to be in need, can receive further discounts or possibly free medical marijuana through donations to our Compassion Center.

#### **Paraphernalia:**

Products sold in-house will have a 25% markup for stocking and training purposes.

Examples of paraphernalia products and approximate pricing for our Patients are listed below.

- PAX Vaporizer
  - Wholesale price: \$250
  - Retail price: \$310
- Bloom Vaporizer
  - Wholesale price: \$40
  - Retail price: \$50
- Rolling Papers
  - 50 Leaves/Pack - \$1.25-\$2.50/Pack

#### **Patient and Designated Caregiver Education and Outreach Services:**

Initially, we will not charge for education and outreach services. Once our Compassion Center is established and the 150-plant limit is removed, we will establish appropriate pricing for education and outreach, if needed, and create a support system whereby Patients and caregivers can support each other (possibly through social media and/or group seminars).

#### **Payment for medical marijuana products and paraphernalia is due upon receipt.**

##### **Forms of Accepted Payment include:**

- Cash / Check / Debit Card (Cash payment Kiosk and Credit Card once established with bank)

##### **Receipt of Payment Form will include information, such as:**

- Employee Name completing the transaction
- Patient Name and MMP # (confirmed current, valid and active MMP registry card holder)

- Who purchased the product(s) – Patient or Designated Caregiver
- C&C Compassion Center of Delaware, Inc. - name and address
- Date and Time of Purchase
- Products purchased (including quantity and price)
- Receipt Total
- Payment Received
- Payment Type (cash, check, debit, credit)
- “All sales are final.”

## I. Proposed Methodology and Work Plan

### 9. Records Retention Information

**Data verification system:** FTP (file transfer protocol) is the most widespread transfer protocol used to transfer files from one host to another over the Internet. To transfer files securely, the secure variant of FTP, or SFTP is used. Secure FTP – a secure computer interface - will be set up for file sharing between C&C Compassion Center of Delaware, Inc. and the Department. The secure file transfers can be automated (or synchronized) to the SFTP server.

The Agrisoft Development Group Seed to Sale software (see additional details in proposal under Section I-11 – Agrisoft Development Group Seed to Sale Software) is designed to interface with the Department secure file transfer to receive Patient and Designated Caregiver card data. The registered Patient data will be scanned or entered into the Agrisoft system. When the registered Patient and/or Designated Caregiver is entered into the Patient profile area of the Agrisoft system at the time of his or her first medical marijuana purchase, an interface will allow the Agrisoft system user to verify the cardholder's status prior to dispensing marijuana. The Patient's/Designated Caregiver's status will then be verified on every subsequent purchase based on updated information from the Department through the secure file transfer and Agrisoft file upload process.

Agrisoft's Seed to Sale software will be further referenced as "The System" throughout this section of the proposal.

**Documentation and records maintenance and retention:** The Agrisoft Seed to Sale software (The System) maintains compliance with the Act, the Regulations, and HIPAA, in the keeping of all records and documentation for a period of time consistent with the Department retention schedule (three years). All records containing financial and inventory operations are kept in an auditable format for review during inspections and audits initiated by the Department and are available at all times in The System. All records are hosted on servers in the most secure, natural-disaster-proof, underground database in the United States. It is protected by numerous, redundant power sources and multiple, geographically diverse fiber paths to Tier One Internet providers. All Patient data is encrypted and protected from breach, both during transmission of the information and during storage, under FDA and HIPAA patient privacy standards. This offsite storage prevents corruption of data or theft. **Agrisoft Development Group is located at the following address: 2300 Main Street, Kansas City MO 64108.**

- **Dispensing Marijuana:** Patient records are traced according to patient MMP registry identification numbers to protect confidentiality and the Compassion Center's security protocols. The System will be configured to prevent registered patients from receiving more than three ounces in any fourteen-day period, and in possession of no more than six ounces at any given time. This is ensured through the means of configured limits within The System. The System records into the patient purchase history how much is being dispensed to the registered qualifying patient for each transaction; whether it was dispensed directly to the registered qualifying patient or to the Designated Caregiver; the date and time the marijuana was dispensed; and the barcode tracking number of the marijuana being dispensed that is traceable to a specific compassion center-harvested plant.
- **Inventory accountability records:** The System is designed to produce records that allow for a physical inventory count and audit. This reconciliation process

summarizes inventory findings, includes the date and the title of the individual who conducted the inventory, which then can be signed

- **Product Testing results:** The System provides for storage of documentation of the segregation of plants before testing, test sample records, results of tests, and the location of the testing lab.
- **Facility inspections:** Records of all maintenance inspections and tests conducted, results of inspections and tests, and resulting corrective action will be maintained and will include, as a minimum, the date of the action, summary of the action(s) performed, and the name, signature, and title of person who performed the action.
- **Tracking logs of transporting marijuana (Future requirement):** Agrisoft Seed to Sale software (The System) allows for the creation of shipping manifests that will accompany a registered Compassion Center agent when transporting marijuana on behalf of the registered Compassion Center. This document contains the amount of marijuana being transported; date; bar code identification numbers (and RFID, if used); the Compassion Center's registry identification number and contact telephone; and the Compassion Center agent's registry identification number.
- **Security Inspections:** Records of inspections and reviews of security devices, including video monitoring, results of inspections and reviews, and any corrective action will be maintained. Records will include any servicing, upgrades, or modifications to the security system or devices. Records of all such inspections and actions will include, as a minimum, the date of the action, summary of the action(s) performed and the name, signature, and title of person who performed the action.
- **Alarm activations or breaches of security:** Any alarm activation or other event that requires response by public safety personnel will be recorded. This includes unauthorized breaches of security, even if an alarm activation did not occur. The record will include, at a minimum, the event, the action taken in response to the event, any changes to the physical nature of the Compassion Center (e.g. security upgrades, replacements, etc.), and any changes to the operating procedures as a result of the event.
- **Storage of video footage:** Video footage of the facility, inside and out, will be digitally recorded and retained by the Enhanced Security Systems.
- **Agent/personnel records:** A record will be made and maintained for any instance in which a business or not-for-profit that any of the prospective board members managed or served on the board of was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding. The Compassion Center will maintain at least the following records related to all agents of the Compassion Center. A personnel record shall be maintained for a period of at least six months after termination of the individual's affiliation with the Compassion Center. The record will include, at a minimum, an application for employment or to volunteer, a record of any disciplinary action taken, and documentation of all required training. Documentation shall include a signed statement from the individual indicating the date, time and place of said training and topics discussed, including the name and title of presenter(s).
- **Financial records and audits for accountability:** A record of the source of any funds that will be used to open or maintain the Compassion Center, including the name, address, and date of birth of any investor contributing more than \$5,000, will be recorded and maintained.

## **I. Proposed Methodology and Work Plan**

### **10. Forms Samples**

This section includes a few samples of proposed C&C Compassion Center of Delaware, Inc. forms to be used in the operation of the Compassion Center. Additional forms will be created as the needed.

In addition to the forms noted below, a data collection form will be created for Patient and Designated Caregiver's to complete each time they plan to purchase medical marijuana from our Compassion Center. This information will be used in monitoring specific cannabinoid performance in treating specific debilitating medical conditions. This data will be collected and reviewed to improve our services to our Patients. The data from the collections forms can be saved and stored in the Agrisoft Development Group software (see Section I-11 for additional details).

DRAFT forms included below include:

- Medicaid/SSI/SSDI Discount Request Form
- Application for Employment with C&C Compassion Center of Delaware, Inc.
- Patient & Designated Caregiver Rules and Regulations
- Patient Intake Form
- Hold Harmless Agreement

#### **DRAFT – Medicaid/SSI/SSDI Discount Request Form (Form to be created)**

If you wish to be considered for lower pricing, you must show your Medicaid card or show proof of receiving SSI/SSDI benefits.

Form will require Patient sign-off that have an active Medicaid card or proof of receiving SSI/SSDI benefits.

**\*\*\* DRAFT \*\*\***  
**Employment Application for**  
**C&C Compassion Center of Delaware, Inc.**

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address:  
Number and street: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Date of Birth (Must be age 21 or over): \_\_\_\_\_

**Employment Positions**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

**Are you applying for:**

- Temporary work – such as summer or holiday work?  Y or  N
- Regular part-time work?  Y or  N
- Regular full-time work?  Y or  N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working?     /     /

Can you work on the weekends?  Y or  N

Can you work evenings?  Y or  N

Are you available to work overtime?  Y or  N

Salary desired: \$

**Personal Information:**

Have you previously applied to or worked for C&C Compassion Center of Delaware, Inc.?

Y or  N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for C&C Compassion Center of Delaware, Inc.?  Y or  N

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have reliable transportation to/from work?  Y or  N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y or  N

If hired, are you willing to submit to and pass a controlled substance test?  
 Y or  N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  Y or  N

If no, describe the functions that cannot be performed

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*(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Y or  N  
If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

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*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

### **Education, Training and Experience**

#### **High School:**

School name:

School address:

School city, state, zip:

Number of years completed:

Did you graduate?  Y or  N

Degree / diploma earned:

#### **College / University:**

School name:

School address: \_\_\_\_\_

School city, state, zip:

Number of years completed:

Did you graduate?  Y or  N

Degree / diploma earned:

**Vocational School:**

Name:  
Address:  
City, state, zip:  
Number of years completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / diploma? :

**Military:**

Branch: \_\_\_\_\_  
Rank in Military:  
Total Years of Service:  
Skills/duties:  
Related details:

**Additional Information**

Do you speak, write or understand any foreign languages? [ ] Y or [ ] N  
If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills, which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  
[ ] Y or [ ] N  
If yes, please explain

**Employment History**

Are you currently employed? [ ] Y or [ ] N  
If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer:  
Name of Supervisor:  
Telephone Number: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Address:  
City, state, zip:  
Length of Employment (Include Dates):

Position & Duties: \_\_\_\_\_  
Reason for Leaving:  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer:  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Address:  
City, state, zip:  
Length of Employment (Include Dates):

Position & Duties:  
Reason for Leaving:  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor:  
Telephone Number: \_\_\_\_\_ Business Type:  
Address:  
City, state, zip:  
Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties:  
Reason for Leaving:  
May we contact this employer for references? [ ] Y or [ ] N

**References**

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last:  
Telephone Number: \_\_\_\_\_  
Address:  
City, state, zip:  
Occupation:  
Number of Years Acquainted:

Name - First, Last:  
Telephone Number:  
Address:  
City, state, zip:  
Occupation: \_\_\_\_\_  
Number of Years Acquainted:

Name - First, Last:  
Telephone Number:  
Address: \_\_\_\_\_  
City, state, zip:  
Occupation:  
Number of Years Acquainted:

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either the company or me.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**C&C Compassion Center of Delaware, Inc.**  
**\*\*DRAFT\*\* Patient and Designated Caregiver Rules & Regulations**

1. **Medical Marijuana Center:** C&C Compassion Center of Delaware, Inc. is a Medical Marijuana Center dedicated to providing the highest quality of medicine and services for qualified medical marijuana Patients. The following rules and regulations apply to all Patients that enter this Medical Marijuana Center. Any violation of these rules is grounds for immediate termination of any legal relationship between parties.
2. **Recommendations and Confirmation of Diagnosis:** Patients must provide C&C Compassion Center of Delaware, Inc. with a valid state identification card or Driver's License along with a valid Delaware MMP Registry Card upon each visit to C&C Compassion Center of Delaware, Inc. to purchase medical marijuana.
3. **Confidentiality:** All personal information collected by C&C Compassion Center of Delaware, Inc. is confidential and private. Such information will not be released to any third party without your express written consent. However, Patient understands that C&C Compassion Center of Delaware, Inc. may be obligated by Court order or other State or Federal enforcement division to release certain information. C&C Compassion Center of Delaware, Inc. will comply with those orders.
4. **No Re-Sale, Re-Distribution, or Driving Impaired:** Re-sale or re-distribution of any products received from C&C Compassion Center of Delaware, Inc. is strictly prohibited. Patient agrees that he/she will not operate a motor vehicle or heavy equipment at any time while impaired by medical marijuana. Patient shall indemnify, defend and hold harmless C&C Compassion Center of Delaware, Inc. to the maximum extent allowed by law from any damages caused by the Patient operating a motor vehicle or heavy equipment while impaired by medical marijuana.
5. **No Cameras / Recording Devices / Weapons:** No cameras, electronic recording devices or weapons of any kind are permitted on the premises of C&C Compassion Center of Delaware, Inc..
6. **No Public Use or Onsite Consumption:** The use of medical marijuana in public view is illegal. Consumption of medical marijuana, illegal drugs, tobacco, or alcohol on the premises of C&C Compassion Center of Delaware, Inc. are strictly prohibited.
7. **Appointments:** C&C Compassion Center of Delaware, Inc. requires an appointment for purchasing medical marijuana or any products for sale at the Compassion Center.
8. **Payment for Services:** Payment is expected at the time of service.
9. Patients of C&C Compassion Center of Delaware, Inc. are not permitted to touch medical marijuana until after their purchase transaction is complete.
10. C&C Compassion Center of Delaware, Inc. reserves the right to refuse service at any time for any reason.

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I have read and understand the aforementioned Rules and Regulations. I agree to abide by all rules, regulations, and agreed upon terms.

**Patient**

**C&C Compassion Center of DE, Inc. Rep**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Legal Medical Marijuana Patients and Designated Caregivers in Delaware Only

**C&C Compassion Center of Delaware, Inc.**

**\*\*DRAFT\*\* Medical Marijuana Patient Intake Form**

(Please print)

**Patient Personal Information**

Full Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please circle: Veteran: YES or NO

Gender: MALE or FEMALE

Would you like to receive our email newsletter, which includes upcoming new strains, events, and related information? YES or NO

For what debilitating condition has medical marijuana been recommended for you?

Do you have a preferred method of consuming medical marijuana?

Do you benefit more from Indicas, Sativas, Hybrids, or Unknown?

Are there any issues you would like for us to be aware of regarding your medical use of marijuana?

Do you have specific questions or concerns you would like to discuss with us?

How did you hear about C&C Compassion Center of Delaware, Inc.? \_\_\_\_\_

**Patient**

**C&C Compassion Center of DE, Inc. Agent**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

For Legal Medical Marijuana Patients and Designated Caregivers in Delaware Only  
**DRAFT – Hold Harmless FORM**

**Hold Harmless Agreement**

This HOLD HARMLESS AGREEMENT (this "Agreement") is made effective on September 01, 2014 by and between the C&C Compassion Center of Delaware (hereinafter, "C&C Compassion Center of Delaware"), of \_\_\_\_\_, Townsend, Delaware \_\_\_\_\_ and \_\_\_\_\_ (hereinafter, "\_\_\_\_\_"), of \_\_\_\_\_, Delaware \_\_\_\_\_. C&C Compassion Center of Delaware and \_\_\_\_\_ are sometimes individually referred to as "Party" and collectively referred to as the "Parties."

WHEREAS, \_\_\_\_\_ desires to hold harmless C&C Compassion Center of Delaware from any claims and/or litigation arising out of \_\_\_\_\_'s actions in connection with \_\_\_\_\_.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, C&C Compassion Center of Delaware and \_\_\_\_\_ hereby agree as follows:

**TERMS**

**1. Hold Harmless.** \_\_\_\_\_ shall fully defend, indemnify, and hold harmless C&C Compassion Center of Delaware from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of \_\_\_\_\_, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to C&C Compassion Center of Delaware for all legal fees, expenses, and costs incurred by it.

**2. Authority to Enter Agreement.** Each Party warrants that the individuals who have signed this Agreement have the actual legal power, right, and authority to make this Agreement and bind each respective Party.

**3. Amendment; Modification.** No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties.

**4. Waiver.** No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a Party shall give the other Party any contractual right by custom, estoppel, or otherwise.

**5. Attorneys' Fees and Costs.** If any legal action or other proceeding is brought in connection

with this Agreement, the successful or prevailing Party, if any, shall be entitled to recover reasonable attorneys' fees and other related costs, in addition to any other relief to which that Party is entitled. In the event that it is the subject of dispute, the court or trier of fact who presides over such legal action or proceeding is empowered to determine which Party, if any, is the prevailing party in accordance with this provision.

**6. Entire Agreement.** This Agreement contains the entire agreement between the Parties related to the matters specified herein, and supersedes any prior oral or written statements or agreements between the Parties related to such matters.

**7. Enforceability, Severability, and Reformation.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The intent of the Parties is to provide as broad an indemnification as possible under Delaware law. In the event that any aspect of this Agreement is deemed unenforceable, the court is empowered to modify this Agreement to give the broadest possible interpretation permitted under Delaware law.

**8. Applicable Law.** This Agreement shall be governed exclusively by the laws of Delaware, without regard to conflict of law provisions.

**9. Exclusive Venue and Jurisdiction.** Any lawsuit or legal proceeding arising out of or relating to this Agreement in any way whatsoever shall be exclusively brought and litigated in the federal and state courts of Delaware. Each Party expressly consents and submits to this exclusive jurisdiction and exclusive venue. Each Party expressly waives the right to challenge this jurisdiction and/or venue as improper or inconvenient. Each Party consents to the dismissal of any lawsuit that they bring in any other jurisdiction or venue.

**10. Signatories.** This Agreement shall be signed on behalf of C&C Compassion Center of Delaware by \_\_\_\_\_, and on behalf of \_\_\_\_\_ by \_\_\_\_\_, and effective as of the date first written above.

C&C Compassion Center of Delaware

By: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_



## **I. Proposed Methodology and Work Plan**

### **11. Agrisoft Development Group – Seed to Sale Software**

This section outlines Agrisoft Development Group’s Seed to Sale™ software **fulfillment of requirements** for C&C Compassion Center of Delaware, Inc.’s medical marijuana Compassion Center operations.

#### **About Agrisoft Development Group, LLC.**

Agrisoft Seed to Sale was developed by a medical software device company that focuses on the unique challenge of regulating and tracking medical marijuana and products made with extractions of medical marijuana. Design of The System was guided by Agrisoft COO, Matt Cook, the United States’ top regulatory expert in the marijuana industry who previously spent a long and distinguished career in liquor, tobacco, and gaming control and enforcement. He was tapped to help the State of Colorado craft its medical marijuana legislation. The State understood that if it wrote its law correctly, the dispensing of medical marijuana could be controlled and regulated. Now, Mr. Cook consults with dozens of states and foreign entities as they craft their medical and recreational marijuana statutes and regulations. As a result, Agrisoft was designed with every possible security and tracking requirement, given that each state will have a different set of regulations. For this reason, Agrisoft is capable of meeting the requirements of The Delaware Medical Marijuana Act, Title 16, Chapter 49A, and its corresponding regulations. Agrisoft’s team of programmers specializes in medical software that is FDA and HIPAA compliant. They are uniquely experienced to customize Agrisoft Seed to Sale to expand and change with the needs of the industry and the requirements of government to prevent illicit production and sale of the substance. Where tracking of product, ensuring security against intrusion and illegal activities, government compliance, record keeping, reporting, safety recall, and employee oversight are concerned, Agrisoft Seed to Sale transparently meets the needs of governments while serving the good of Patients who require the medicine that marijuana and cannabis provides.

In response to Delaware’s regulations that control the cultivation, storage, transportation, sale, transfer, processing, testing, record-keeping, and destruction of medical marijuana, Agrisoft Development Group, LLC, has developed a software solution designed specifically to assure the safe and efficient cultivation, harvesting, packaging, labeling, and distribution of marijuana to registered patients of the state of Delaware. It is the goal of the Department, Agrisoft Development, and C&C Compassion Center of Delaware, Inc. to prevent diversion of marijuana to individuals who are not qualified and registered with the Delaware MMP. To this end, Agrisoft Development Group has developed and implemented Agrisoft Seed to Sale, a cloud-based patient- and medical-marijuana tracking software solution that is hosted on servers in the most secure, natural-disaster-proof, underground database in the United States. It is protected by numerous, redundant power sources and multiple, geographically diverse fiber paths to Tier One Internet providers. All Patient data is encrypted and protected from breach, both during transmission and storage. The software is FDA and HIPAA compliant. Furthermore, Agrisoft Seed to Sale is designed to be configurable to interface, as may be required by law, with any future statewide electronic verification system.

The following features will assist the C&C Compassion Center of Delaware, Inc.’s cultivation, processing, and retail dispensary in meeting the regulations implemented in

response to passage of The Delaware Medical Marijuana Act, Title 16, Chapter 49A, which took effect on July 1, 2011. Agrisoft Seed to Sale directly validates and responds to the requirements set forth in the Department Program Goals and Scope of Services relating to, but not limited to, safe and efficient medical marijuana cultivation, harvesting, packaging, labeling, inventory, sale, processing, licensing, transportation, distribution, purchasing, record keeping, security, and enforcement as set forth in The Act.

#### State Legislative Mandates

**Not for profit:** All taxes are configurable within Agrisoft Seed to Sale, and can be reconfigured to meet changing tax laws.

**Medical marijuana purchases (after future expansion):** When a purchase order is entered into Agrisoft Seed to Sale, fields are provided for the entry of a registration number along with address and name of the vendor from which the Compassion Center is purchasing medical marijuana. The System allows for instant reporting of all purchases, providing accurate, real-time accounting and verification that no marijuana was purchased from a source other than another registered Compassion Center.

**Provision only to registered, qualifying patients:** Agrisoft Seed to Sale tracks every plant, gram, and milliliter of medical marijuana or extraction with the use of standard bar code tags or, if desired, radio-frequency identification (RFID) tags, from its receipt through its transfer or sale to a registered Patient. Real-time web tracking and instant reporting verifies the location of all medical marijuana at all times, providing traceability and recall. For this reason, Agrisoft prevents a registered Compassion Center from acquiring, possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying, or dispensing marijuana for any purpose except to assist registered qualifying Patients, with the medical use of marijuana directly or through the qualifying patient's Designated Caregiver.

#### Program Priorities

**Safe cultivation and dispensing:** Agrisoft's Enhanced Grow – Extended Cultivation Module facilitates the safe cultivation and dispensing of quality, medical-grade marijuana to authorized MMP cardholders in a form that is appropriate and effective for the patient and delivers the level of active ingredient needed to treat the patient's medical condition effectively. Agrisoft facilitates the registered Compassion Center in making specific strains available by providing a cultivation module and inventory system that allows a large variety of strains to be grown. The system accommodates, within the cultivation module, information about the efficacy of the strain for given conditions. Test results are input in relationship to batches being tested. The quality, potency, and safety of each batch is recorded, and likewise, if test samples fail to meet standards, batches immediately are destroyed or repurposed as required by law. Agrisoft may accommodate all manner of delivery methods.

**Prevention of diversion:** Agrisoft Seed to Sale inventory model provides checks and balances that help Compassion Centers prevent medical marijuana from being diverted outside of the state-regulated system or to individuals who are not authorized MMP cardholders.

### **Addressing Federal Justice Department concerns:**

- **Prohibit distribution of marijuana to minors**—Agrisoft Seed to Sale will not permit dispensing of medical marijuana to a person who does not have a profile in the system that includes a valid registration number. The identity of the Patient must be verified before medical marijuana is dispensed. C&C Compassion Center of Delaware, Inc. staff must have proper clearances in order to complete transactions. Each transaction is associated in the Agrisoft system with the staff member inputting the transaction, along with date and time, to prevent fraud. The system also allows for biometric thumbprint authorization before the staff member may enter transactions into the system. This provides an additional level of security to ensure that persons inputting information can only do so with proper authorization.
- **Deter the diversion of revenue**—Agrisoft Seed to Sale is designed to interface with cash-payment kiosks (possible future requirement) that take all cash transactions out of the hands of point-of-sale staff. Here is how a cash-payment kiosk can help prevent cash diversion: Registered patients are checked into the Compassion Center, verifying their identity and medical marijuana patient registration. Under the C&C Compassion Center of Delaware, Inc. supervision, they proceed to a point-of-sale register or to a point-of-sale tablet to select the product(s) they wish to purchase. The selection is made and the interface between the point-of-sale tablet, or register, sends the patient's order to the cash payment kiosk. The patient inserts bills into the kiosk which takes the cash, counts it, gives exact change, checks the bills for counterfeiting, and automatically enters the cash receipt associated with that order into the Agrisoft Seed to Sale point-of-sale system. At any time, the Compassion Center owners and officers may see a web-based report of cash receipts for the day, or for any day in history. State regulatory agents or enforcement officers may at any time ask for a report of cash receipts. These receipts are reconciled with Agrisoft, closing the loop on the seed-to-sale system. Cameras on payment kiosks also record a snapshot of the person making the payment.
- **Prevent diversion of marijuana**—Agrisoft Seed to Sale system's inventory tracking features ensure that each plant, milliliter of extract, and cured, raw medical marijuana is accounted for as it progresses throughout the facility from clone (seedling) or seed to packaged, finished goods. Bar codes and optional RFID tags travel with the plant or product from beginning to end. At the point of inventory reconciliation, any product or plant that is missing, but was not marked as sold in the system, can be traced back to determine where it went missing in the inventory process. Staff who enter the location of each item in the inventory are identified along with the date and time of their changes to the system. In this way, the time frame within which any item went missing can be pinpointed in the Agrisoft system. This serves as a deterrent to theft and provides ownership and enforcement with real-time and historical records of all inventory items.

### Key Issues

**Efficiency and effectiveness in management**—Agrisoft Seed to Sale provides comprehensive business management reporting. Reports on dispensing totals, COGs, inventory, seasonal trends, receiving, shipping, formulas, extractions, clones, harvest, packaging, labeling, and storage all are highly configurable to give C&C Compassion Center of Delaware, Inc. owners and officers the numbers and information needed to efficiently run the business and remain profitable.

**Performance measures and accountability**—Management may make sound decisions and detail performance measures and accountability through the comprehensive reporting of the Agrisoft Seed to Sale system. Detailed reports, of the desired nature, are at the heart of setting performance standards and following up to ensure that those performance standards are met or exceeded.

#### Scope of Services

**Security and safety measures:** The System is designed to integrate with a video camera surveillance system, both at the cash payment kiosks and throughout the interior and exterior perimeter of the building. It includes digital video surveillance recordings of record-access areas, customer-service areas, growing areas, and anywhere marijuana is handled, to include processing and packaging areas. Each exterior door, if desired, may be protected with a biometric thumbprint reader that only allows access by persons who have been authorized. The biometric thumbprint reader must verify their thumbprint before a door will unlock, for example. Doors are covered by video cameras as well. All interior doors to areas containing medical marijuana also may be protected with biometric thumbprint readers that limit access only to authorized staff. These readers integrate with the system to provide breadcrumb tracking of each employee as he or she moves throughout the facility. Video surveillance may be selected for viewing based on the time of transaction. For example, if a transaction that management wishes to view occurred at 2:00 p.m., the selection will show video footage from two minutes before the transaction to two minutes after the transaction. This video surveillance footage can be made available to the Department (both live and recorded) 24 hours a day, seven days a week, through a secure internet connection.

The System's Enhanced Security module interfaces with a fully operational security alarm system at each authorized physical address to augment suitable protection against theft and diversion. The security alarm system will alert local or municipal law enforcement agencies to an unauthorized breach of security at the Compassion Center or any other authorized physical address. It also will alert public safety personnel of a loss of electrical support and backup system.

**Inventory controls:** The System will be configured to ensure that when the Compassion Center "location" is set up, it will allow no more than 150 marijuana plants, irrespective of the stage of growth, and no more than 1,500 ounces of usable marijuana, regardless of formulation. For example, when there are 150 growing plants registered in the cultivation inventory, no additional clone orders may be placed until a corresponding number of plants is destroyed or harvested. The System's inventory control permits a balancing act between growing plants, natural death of some young plants, and harvest yields. The System also allows for multiple "locations" which would permit the imposition of growing and inventory limits upon all locations collectively.

**Bar Coding Inventory:** The System uses a bar-code system (and/or optional RFID tags) to track movement of plants from clone or seed to harvest and curing; every infused product input from flour to extract and dilution; and every packaged item stored and merchandized in the facility, in real time, throughout the Compassion Center. This real-time tracking of each gram of raw marijuana and every milliliter of extraction makes it easy for a designated agent to control inventory. Each day's beginning inventory, acquisitions, harvests, dispensing dollar totals, disbursements, disposal of unusable

marijuana and ending inventory are recorded. The System also makes it simple for that agent to isolate the location of any item or input in history. This facilitates the ability to recall items as necessary. The system is designed to factor into all label identification the tracking numbers of all marijuana and other inputs so that the finished product and its ingredients may be traced back to their original suppliers. The documentation of these sources prevents dispensaries from obtaining marijuana or infused products from another medical marijuana dispensary. The System tracks all usable marijuana back to a specific plant, how much usable marijuana it produced, and the end result of that production (distribution to a specific Patient, stored in a retail area, used for testing, destroyed, etc.).

The System is designed to track cultivation of marijuana from seeds or clones through harvest, curing and packaging through the use of bar codes, and, if desired by the operator, RFID tags, which save time scanning inventory. As each plant, “tray” or batch grows, it receives care and environmental and cultivation inputs ranging from light, to nutrients and chemicals, to water and temperature. All inputs and conditions are recorded in The System for each batch of marijuana plants. When the seedlings are moved from the seedling room into the cultivation room where they continue to mature, all inputs are recorded, and the date, time and location of the plants are recorded through the process of scanning a bar code on the batch or tray. This process continues when the plants are moved into the flowering room, and, again, when they are prepared for harvest. At the time of harvest, integrated scales weigh both the harvested flowers and the plants. The scales are integrated with The System so exact measurements automatically are entered in the system when the bar code is scanned and the product is weighed. At harvest, “mother” plants will be destroyed or returned to the cultivation room, and each batch is identified—whether it is destroyed, or returned to the cultivation area. The method of destruction is noted in The System. Every step of the way, the registered agent responsible for each step of the cultivation process is identified, along with date and time, and the System user who records the information into The System. This person may serve multiple duties, including quality control, and quality control verification may be entered in the system at this time.

**Storage of marijuana:** As far as the Agrisoft Seed to Sale inventory and compliance tracking system is concerned, its design focuses on the location of medical marijuana and related products throughout a Compassion Center. The quantity that can exist in the system can be configured to meet the requirements of the Department. The location of inventory always is known in real time, and its history throughout the facility is traceable. Bills of lading and transfer manifests all are created within the system to facilitate a seamless continuum of tracking every gram of marijuana or milliliter of extraction. All security provisions built into the system are based on these factors, as well as the scope and sustainability of the security system, and the root-cause analysis of any breach of security and/or inventory discrepancy for usable marijuana at that location.

**Data verification system:** The Agrisoft Development Group Seed to Sale software is designed to interface with the Department to receive Patient and Designated Caregiver card data. When the registered Patient and/or Designated Caregiver is entered into the Patient profile area of the Agrisoft system at the time of his or her first medical marijuana purchase, an interface will allow the Agrisoft system user to verify the cardholder’s status prior to dispensing marijuana. The Patient’s/Designated Caregiver’s status then will be verified on every subsequent purchase.

**Documentation and records maintenance and retention:** The system maintains compliance with the Act, the Regulations, and HIPAA, in the keeping of all records and documentation for a period of time consistent with the Department retention schedule. All records containing financial and inventory operations are kept in an auditable format for review during inspections and audits initiated by the Department and are available at all times in The System. All records are hosted on servers in the most secure, natural-disaster-proof, underground database in the United States. It is protected by numerous, redundant power sources and multiple, geographically diverse fiber paths to Tier One Internet providers. All Patient data is encrypted and protected from breach, both during transmission of the information and during storage, under FDA and HIPAA patient privacy standards. This offsite storage prevents corruption of data or theft.

- **Dispensing Marijuana:** Patient records are traced according to patient MMP registry identification numbers to protect confidentiality and Compassion Center's security protocols. The system will be configured to prevent registered patients from receiving more than three ounces in any fourteen-day period, and in possession of no more than six ounces at any given time. This is ensured through the means of configured limits within The System. The system records into the patient purchase history how much is being dispensed to the registered qualifying patient for each transaction; whether it was dispensed directly to the registered qualifying patient or to the Designated Caregiver; the date and time the marijuana was dispensed; and the barcode tracking number of the marijuana being dispensed that is traceable to a specific Compassion Center-harvested plant.
- **Inventory accountability records:** The System is designed to produce records that allow for a physical inventory count and audit. This reconciliation process summarizes inventory findings, includes the date and the title of the individual who conducted the inventory, which then can be signed.
- **Product Testing results:** The System provides for storage of documentation of the segregation of plants before testing, test sample records, results of tests, and the location of the testing lab.
- **Tracking logs of transporting marijuana:** The System allows for the creation of shipping manifests that will accompany a registered Compassion Center agent when transporting marijuana on behalf of the registered Compassion Center. (Future requirement.) This document contains the amount of marijuana being transported; date; bar code identification numbers (and RFID, if used); the Compassion Center's registry identification number and contact telephone; and the Compassion Center agent's registry identification number.
- **Storage of video footage:** Video footage of the facility, inside and out, will be digitally recorded and retained by the Enhanced Security System.

#### **Provision of medical marijuana related services**

- **Dispensing Medical Marijuana:** The System ensures that a Compassion Center shall not acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply or dispense marijuana for any purpose except to assist registered qualifying patients with the medical use of marijuana directly or through the qualifying patient's registered Designated Caregiver.
- **Patient verification:** The patient's registry identification card is presented to the registered Compassion Center, is verified through verification system, the patient's identity is verified, and it is demonstrated that the Compassion Center is the designated Compassion Center for the patient presenting. The System is configured

to prevent the patient being sold more than three ounces of medical marijuana directly or via his or her Designated Caregiver in any 14-day period, and that the Compassion Center may not dispense marijuana to a patient or Designated Caregiver more than six ounces at any given time.

- **Packaging and labeling:** The System is designed to print labeling that contains the name of the Compassion Center; patient; patient registry card number; name of the marijuana strain; batch ID number plus traceable bar code; quantity in a given package; statement “this product is for medical use only, not for resale;” statement that the medical marijuana is free of contaminants; and details indicating the levels of active ingredients in the marijuana, as confirmed by testing.

### **Quality assurance procedures, testing, and monitoring of operations**

- **Quality assurance procedures:** Procedures will be implemented that mandate quality assurance review at various points during the cultivation, harvest, curing, packaging, labeling and production and packaging such that each unit may not advance to the next stage, nor orders filled unless a quality assurance agent has approved that product or usable medical marijuana in The System.
- **Product testing procedures:** The System can accommodate testing procedures by allowing a line item for test samples to be ordered and subtracted from inventory, and for their ultimate destruction after testing. Notes may be entered into The System to outline test results. Batches may be segregated and withheld from dispensing in The System until test results have returned, and provision may be made for the plants’ destruction or use for extraction inputs if samples from that batch fail their tests.
- **Comprehensive monthly inventories:** The System eases the burden of comprehensive monthly inventories by providing numerous reconciliation points throughout the Compassion Center’s inventory from end to end. Reports from The System may be retrieved to give inventory takers a simple and clear list of all items that should be housed in a particular area of the Compassion Center.

### **Inspections by the Department**

The System has been designed specifically to make compliance reporting transparent and immediately available. Reports may be run at any time to make available to the Department the Compassion Center’s dispensing records, patient records, cultivation, packaging, inventory, shipping and transportation records, formulas, and dispensing dollar totals.

### **Policies & Procedures to Ensure Patient Privacy & to Prevent Diversion Utilizing Agrisoft Development Group Seed to Sale Software**

#### **1. Learn all policies and procedures:**

It is the responsibility of all employees to read and be familiar with policies and procedures of every job description of the C&C Compassion Center of Delaware, Inc., regardless of the area in which each employee works.

#### **2. Tracking software must be employed:**

The Agrisoft HIPAA-compliant tracking software system must be used to track and document all aspects of this Compassion Center’s operation, including, but not limited to: point-of-sale transactions; Patient files that verify identity, medical marijuana authorization, and other Patient information; inventory of marijuana products produced for resale by name, date, strain, batch (lot) number; inventory of

assets, operational supplies and equipment not for resale; shipping and receiving of marijuana products and non-marijuana items; propagation, cultivation, harvest, curing, trimming, packaging, labeling and tracking of each marijuana plant with RFID and/or bar code identification tags throughout its movement through the facility to its ultimate destruction or sale; recording test results for purity and potency of active compounds in marijuana; control of user access to the tracking software system through authentication; robust reporting of operations and compliance data in configurable ranges; auditing of Agrisoft software system events by date/time and user.

**3. Authorization to access management software:**

Employees will be given access only to those portions of the software system necessary to their job functions.

**4. Admin security tasks:**

- Configure system users to access only those areas of the software that pertain to their jobs.
- Set default limits for how much marijuana or marijuana-infused products (MIPs) patients may buy in general, and that each patient may buy, individually.
- Set default limits on number of plants that can be grown per patient or in total, or the number of plants grown per patient plus overrides (as allowed by the jurisdiction).
- Configure the software for a discrete check-in process in the customer tab in the customer detail page. This provides for the patient to be checked in and move to a waiting area before they are allowed into the point-of-sale area.

**5. Intake of new and returning patients:**

- All new and returning patients first must be checked in before being allowed to proceed beyond the check-in point and into the point-of-sale (POS) area.
- For new patients, set up patient profile including date, name, address, phone, email, Social Security number, scan patient medical marijuana ID card, or input temporary medical marijuana ID number. Upload any necessary authorization documents. Driver's license and other ID cards with magnetic strips may be swiped to input ID information into the new patient set-up screen to save time.
- When a returning patient is checked in with a swipe of his or her marijuana ID card, the patient's history is displayed with the accompanying expiration date of that ID card. Once successfully checked in, the patient is cleared to proceed to the point-of-sale area.

**6. Queries:**

Queries are packaged as a set of configurable reports, allowing adjustment along the axes of both time and category. Ad-hoc querying takes the form of incremental, dynamic matching of property searches from the search form on most application views.

**7. Inventory items:**

- Item setup: Enter the item name, number, description (packaging, type of MIP, etc.) percent of active compounds as applicable, tax rate, batch number, weight, or volume, and price. Group, and categorize inventory items according to tax rates. For non-sellable items (operational inputs), such as soil, nutrients, lighting, mark

these items as non-sellable. They cannot be added to a sales invoice. Once an item is set up in the software system, the item's detail screen automatically will be displayed when the bar code for that item is scanned by a bar code reader anywhere in the facility, or at point of sale. Always designate any medical marijuana items meant for resale to patients as requiring batch tracking, by checking the appropriate box in the item set-up screen.

- Results of potency and purity testing for items may be entered in a "notes" section for each item. Electronic documents also may be uploaded to this section. These might include PDFs of test results and documentation of strain and batch, recipes, processing SOPs, user manuals for equipment, nutrient, care, and growing instructions and reports.

#### **8. Tracking inventory items for potential emergency recall:**

Each inventory item must have a batch tracking bar code that will track it through its cultivation history, back to its inception as a cloned plant, or its inception at extraction before it was processed into a marijuana-infused product. This same bar code must be printed on its final, point-of-sale packaging. This batch number will identify on what date this item was produced and where, so that all other items that received the same input (in MIPs processing) or that were in the same batch with this item during the entire length of its cultivation and harvest history, may be recalled. Create the batch number at the time orders are placed (clone-cutting, harvest, extraction, consumable product, and topical product orders).

#### **9. Point of Sale:**

- Items containing marijuana or extracts must be kept behind the dispensary counter and always under the C&C Compassion Center of Delaware, Inc. supervision. Non-marijuana containing items may be on display in the POS register area.
- All items are scanned into the POS system and the patient pays for them with means designated by the facility, whether cash, check, debit card, etc.
- A warning will appear on the POS screen stopping the transaction if a patient attempts to purchase more marijuana than he or she is allowed at that time. Unless the register operator has management-level credentials, he or she may not complete the transaction. Only a management-level employee with authorization may override such warnings with just cause. The POS system is designed to prevent the sale of items that were prohibited for sale to an individual for any reason; that were outside the appropriate hours of operation, or that exceed the patient's limit for the given time period.
- Any manager who overrides a warning will have this action recorded with all other actions and transactions taking place on the software system throughout the day with a date/time stamp, username login identification of the person taking the action.

#### **10. Clone cutting, cultivation, flowering, harvest, and curing of marijuana plants:**

- Clone batch orders: Similar to any work order, a clone batch order will be issued by management level personnel. Quantity of cuttings will be determined by the number of registered patients and predicted harvest. It will include the date, the person responsible for making the order, the number of clones to be cut, the plants from which they are to be cut, and the location (i.e. propagation room). The cutter must cut the correct number of clones from the correct mother plant and plant them according to cultivation guidelines for that plant. The number of

clones cut must be recorded in the software system along with the tray and batch number assigned, and an anticipated graduation date into the cultivation room. From the moment the plant is started, an RFID tag and identifying bar code are attached first to the individual clone's container. It is to be attached to the plant itself when the plant grows sturdy enough. When this new tag is scanned, a screen in the software system allows the operator to enter the date, strain, tray, and batch number. This identification will stay with that plant for the duration of its life until it is harvested, packaged and sold. If the plant is destroyed after harvest, that is recorded in the software system. If the entire clone batch order cannot be cut in one day, it may be placed on hold until it is completed the following day or several days hence.

- Each clone or seedling that dies must be scanned and this information entered into the system.
- Once the clone grows approximately eight inches in height, has roots, and is ready to be moved out of a two-inch cloning container, the plants are moved into the vegetation stage, and in most cases a new room that provides the correct growing conditions for young plants. This must be initiated by scanning each plant's RFID tag and bar code. This is a reconciliation point, built into the software that verifies the plant's progress during its journey through the growing facility. An RFID wand may be used which allows the operator to scan, in a few seconds, an entire room full of plants. The information automatically updates the management software with the plant's new stage of growth and new location within the facility.
- After the plant has matured, it is ready to be moved into the flowering room. Again, the plant's location and stage of growth is reconciled by scanning its RFID tag and bar code in the system. If changes must be made to its harvest date, this may be done at any reconciliation point, from clone to vegetation, and from vegetation to flowering, etc.
- Finally, the plant is ready for harvest. A harvest order is placed in the same way the clone order was placed: The plant is scanned, the harvest batch order is retrieved, and the entire plant is weighed. The number of buds that are harvested from this plant is recorded, and they are weighed. This information entered into the system along with the date and time.
- The harvested buds are then sent to the curing room, and this information is recorded in the system. The RFID/bar code tag remains with the buds.
- The plant from which the buds were cut may then be destroyed. It also may be retained for extraction of active compounds for use in the making of MIPs. In this event, a bar code tag will be printed and attached to it, identical to the bar code that identified it throughout its life, and the same bar code that will have accompanied its harvested buds to the curing room. If the plant is to be utilized after harvest, it is weighed after drying, and this weight is entered into the software. In this way, the plant is positively identified throughout its life until it is sent to an off-site MIPs processor, or before being sent to an in-house MIPs processing area.
- Once cured, the harvested buds are trimmed, weighed again and they are packaged with their original batch bar code. The RFID tag at this point can be recycled back into production, reprogrammed, and used for a new clone. The buds must be labeled with the strain, testing results as required by jurisdiction, and dispensary legal information. This information is entered into inventory using the item entry system described above. Its new location, whether in storage,

or in the point-of-sale area, is recorded in the system. When the package is moved out of storage and into the point-of-sale area, the item is scanned and its new location entered into the system.

**12. Government compliance:**

Government compliance officers may have access to data at an administrative level that permits introspection into the critical reports that show compliance in cultivation, inventory, security, and retail sales. Information provided will include retail inventory compared with the jurisdiction's upper limit baselines or patient counts; cultivation inventory of plants; days and times of sale; possession and amount of sale limits; and other reports required by the jurisdiction. Customizable reports must be generated as requested for audits. Employee activity on the software may be reported and reports may be generated that isolate individual processes and transactions in the system as requested by enforcement agencies.

## **J. Certification and Statement of Compliance**

Per Page 46 of the RFP, C&C Compassion Center of Delaware, Inc. will comply with all Federal and Delaware laws and regulations pertaining to equal opportunity and affirmative action. We will also comply with Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in health care delivery and in the collection and reporting of data. See **Appendix D: Certification Sheet and Appendix E: Statements of Compliance Form below. (Hard copies also enclosed.)**

## Appendix D. Certification Sheet



### DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL

#### CERTIFICATION SHEET

As the official representative for the proposer, I certify on behalf of the agency that:

- a. They are a regular dealer in the services being procured.
- b. They have the ability to fulfill all requirements specified for development within this RFP.
- c. They have independently determined their prices.
- d. They are accurately representing their type of business and affiliations.
- e. They will secure a Delaware Business License.
- f. They have acknowledged that no contingency fees have been paid to obtain award of this contract.
- g. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
- h. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and
- i. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
- j. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or

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secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.

- k. They (check one) operate \_\_\_an individual; \_\_\_a Partnership \_\_\_a non-profit (501 C-3) organization; Xa not-for-profit organization; or \_\_\_for profit corporation, incorporated under the laws of the State of \_\_\_\_\_.
- l. The referenced offerer has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services.
- m. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all Specifications and special provisions.
- n. They (check one): \_\_\_\_\_are; Xare not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Violations and Penalties:**

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and

3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

- a. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.
- b. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

4/7/2014  
Date

29 Del.C. Ch. 100 Freedom of Information Act

Signature & Title of Official Representative  
*Partner* *PARTNER*

Yvonne F. Coleman + Elizabeth A. Cusack  
Type Name of Official Representative

## Appendix E: Statements of Compliance Form



### DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL

#### STATEMENTS OF COMPLIANCE FORM

As the official representative for the contractor, I certify on behalf of the agency that C+C Compassion Center of DE, Inc. (Company Name) will comply with all Federal and Delaware laws and regulations pertaining to equal employment opportunity and affirmative action. In addition, compliance will be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in the collection and reporting of data.

Authorized Signature: 29 Del.C. Ch. 100 Freedom of Information Act

Title: Partners

Date: 4/7/2014

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**K. Standard Contract**

Regarding Appendix F: Contract Boilerplate, Yvonne F. Coleman and Elizabeth A. Cusack acknowledge that the Contract was reviewed, and we look forward to collaborating with the Department to finalize the Contract details.

**V. Budget & Financial Requirements**

29 Del.C. Ch. 100 Freedom of Information Act

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**Expenses of Bidder**

C&C Compassion Center of Delaware, Inc. acknowledges that all expenses related to establishing the Compassion Center and maintaining its services are that of the selected

bidder, including, but not limited to:

- The cost of preparing the proposal/bid in response to this RFP, including the \$5,000 non-refundable application fee.
- Initial certification and bi-annual fee of \$40,000.
- The costs related to obtaining MMP registry cards for all agents associated with the Compassion Center, now or in the future.
- The costs of sample testing initiated by the Department.
- The costs related to establishing an Information Technology system for tracking records and receiving Patient and Designated Caregiver data from the Department.
- The costs of long-term off-site records retention.
- The costs of operations and maintenance in all approved locations or addresses, including establishing and maintaining security measures.

### **Financial Operating Principles**

As the C&C Compassion Center of Delaware, Inc. is a service mandated by Delaware law, and regulated by the Department, it will operate in response to the Act and the Regulations, under the following principles. The C&C Compassion Center of Delaware, Inc. registered Compassion Center will:

- Operate on a not-for-profit basis, and shall maintain appropriate documentation of its not-for-profit status. Such documentation shall be available for inspection by the Department upon request.
- Keep detailed financial reports of proceeds and expenses.
- Maintain all inventory, sales and financial records in accordance with general accepted accounting principles (“GAAP”).
- Create and maintain a plan for making medical marijuana available on an affordable basis to registered qualifying patients enrolled in Medicaid or receiving Supplemental Security Income or Social Security Disability Insurance.

### **Potential Budget Impact**

There are several factors that may have an impact on the projected budget. The risk of a low yielding crop is possible, particularly with our first crop. That certainly would have a negative impact on the budget both from a revenue and expense perspective. We plan to carefully monitor our plants to ensure they are free of disease, mold, or infestation, but these issues would certainly impact the budget as well. C&C Compassion Center of Delaware, Inc. is committed to being diligent and taking every step necessary to minimize these risk through proper preparation and guidance. The **most significant impact to our budget** is if the Department does not remove the restriction on the number of plants the Compassion Center is permitted to grow. This will also be a significant impact as the 150-plant restriction will most likely not meet the needs of the current and growing numbers of registered Patients.

**NOTE Regarding 150-Plant Restriction:** The state limitation on allowable number of plants (150 plants in grow at any one time) makes it economically unfeasible long-term, not to mention well-below what is required to serve the number of medical marijuana cardholders in Delaware. In order for C&C Compassion Center of Delaware, Inc. to be a sustainable business, a minimum of 500 plants in grow at one time must be reached before we would even start to recognize a positive monthly cash flow. This does not take into consideration the capital investment required to start this business. Following all requirements outlined in the Compassion Center RFP, if the 150 limit was expanded to a 500

plant grow, it would still take approximately 36-42 months before the Compassion Center would reach break even and start to recognize a profit.

**Proposed Medical Marijuana Sliding Scale Pricing for Patients with Medicaid or who are receiving SSI/SSDI:**

- Patients who complete an application and show required documents as proof of Medicaid and SSI/SSDI will receive a 20% discount and will be charged the following:
  - 1 Gram (flower) - \$16-\$20
  - 1/8 oz. (flower)- \$48-\$60
  - 1 oz. (flower) - \$280-\$320
  - 100 ml. (tincture) - \$80-\$100
  
- We also plan to sponsor a program where Patients, determined to be in need, can receive further discounts or possibly free medical marijuana through donations to our Compassion Center.

**Appendix A: Budget Summary Sheet and Appendix B: Budget Worksheet** follow and are also provided in hard copy. Please note for the purposes of budgeting income we utilized a price of \$360 per ounce. This is the midpoint for expected pricing for one ounce of medical marijuana and assumes 20% of Patients have Medicaid, SSI, or SSDI. Pricing is subject to change. As noted on Page 52 of the RFP, Appendix A and Appendix B assume Vendor Selection takes place April 28, 2014, and Project Begins on June 30, 2014.











## Proposal Evaluation Criteria – REQUIREMENTS MAPPING

Category	See Section Noted Below for Details
<b>1) Meets mandatory RFP provisions – CD’s &amp; Forms properly submitted</b>	Yes
<b>2) Meets all state legislative mandates</b> <ol style="list-style-type: none"> <li>a. Submission of all Department required materials, including application fee</li> <li>b. Documentation of not-for-profit status</li> <li>c. Proposed location is demonstrated to be in accordance with local zoning regulations and proper distance from schools</li> <li>d. Satisfaction of the minimal Medical Marijuana Regulations for security, oversight, and record keeping</li> <li>e. Proposed plans to meet all requirements of 4919A of the Act</li> <li>f. None of the prospective principal officers or board members <ul style="list-style-type: none"> <li>• Have been convicted of an excluded felony offence...</li> <li>• Have served for center that had its registration certificate revoked</li> <li>• Are younger than 21 years of age</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>a. Yes</li> <li>b. F-1</li> <li>c. G-1</li> <li>d. G-2 &amp; I-9</li> <li>e. F, G, H, I</li> <li>f. F-2</li> </ol>
<b>3) Stability, Qualifications, and Experience of Vendor</b> <ol style="list-style-type: none"> <li>a. The principal officer and board members’ character and relevant experience, including any training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, analytical testing, or marijuana cultivation, preparation, and testing and their experience running businesses or not-for-profits</li> <li>b. By laws</li> <li>c. Administrative Oversight</li> <li>d. Past experience in successfully operating quality programs of a similar type and with similar population</li> <li>e. Quality Assurance Program details</li> <li>f. Available resources, including demonstration of sufficient capital to establish and maintain the compassion center according to this RFP, the Act, and the Regulations</li> <li>g. Ability to work well in a larger program of multiple compassion centers</li> </ol>	<ol style="list-style-type: none"> <li>a. F-2 &amp; F-3</li> <li>b. F-1-d</li> <li>c. F-2 &amp; F-3</li> <li>d. F-2, F-3, H</li> <li>e. I-4 &amp; I-11</li> <li>f. L</li> <li>g. I-2 (resumes)</li> </ol>
<b>4) Responses to Scope of Services</b> <ol style="list-style-type: none"> <li>a. Proposed plan for operations and services</li> <li>b. Proposed plan for packaging, labeling, and dispensing marijuana</li> <li>c. Applicant’s ability to grow marijuana without the use of pesticides</li> <li>d. Proposed plan for staffing and training</li> <li>e. Demonstrated ability to provide adequate supply and variety of medical marijuana and medical marijuana based products to the registered patients in the state, including availability of needed paraphernalia to administer the drug</li> <li>f. Proposed plan for making medical marijuana available on an affordable basis to registered qualifying patients enrolled in Medicaid or receiving SSI or SSDI</li> <li>g. Product line diversity (strain, delivery system, potency)</li> </ol>	<ol style="list-style-type: none"> <li>a. I-1, I-3, I-10, I-11</li> <li>b. I-2, I-7, I-11</li> <li>c. I-5</li> <li>d. F-4, I-6, I-7</li> <li>e. I-8</li> <li>f. I-8</li> <li>g. I-1, I-8</li> </ol>

<p>h. Proposed plan for establishment and maintenance of records as required, including identification of long term records retention facility</p>	<p>h. I-9, I-11</p>
<p><b>5) Safety, Security and Location Suitability</b></p> <p>a. The suitability of the proposed location or locations, including but not limited to compliance with any local zoning laws, distance from existing schools, and the geographic convenience to patients from throughout the state of Delaware to compassion centers if the applicant were approved</p> <p>b. Sufficiency of applicant’s plan for safety, security, and prevention of diversion including inventory controls and security devices employed</p> <p>c. Proposed plan for safe and accurate packaging and labeling of medical marijuana, including all items listed in scope of services</p> <p>d. Proposed plan for testing medical marijuana for contaminants and potency of active ingredients</p> <p>e. Proposed plan for secure and safe record keeping of agents and product tracking</p>	<p>a. G-1</p> <p>b. G-2</p> <p>c. I-2, I-7, I-11</p> <p>d. I-4</p> <p>e. I-9, I-11</p>