OMB No. 0930-xxxx Expiration Date: xx/xx/xxxx

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average xx hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

STOP ACT STATE QUESTIONNAIRE Part 1 - Enforcement

* Please Enter Your State Below:

GENERAL INSTRUCTIONS

This questionnaire represents one of several data collection efforts initiated by the Secretary of HHS initiated pursuant to a Congressional directive found in the Sober Truth on Preventing Underage Drinking (STOP) Act, (Pub. L. No. 109-422, § 2, 120 Stat. 2890 [2006]). The Act requires the Secretary to file an annual report to Congress on the States' progress in preventing and reducing underage drinking. As stated in the STOP Act:

"The Secretary shall, with input and collaboration from other appropriate Federal agencies, States, Indian tribes, territories, and public health, consumer, and alcohol beverage industry groups, annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking."

The Act provides a list of specific underage drinking laws and policies, details regarding their enforcement, and other programs that the Secretary should include in the annual report. Federal data sources provide some of the data requested. The questionnaire, which asks for the data requested by Congress, provides States the opportunity to participate in the process and to insure accurate and complete reporting.

PLEASE NOTE:

- 1) SAMHSA will report only the data you provide. Any question your State does not answer will be reported as "no data available."
- 2) To be included in the STOP Act report, this questionnaire must be received by SAMHSA no later than XXX.
- 3) At the end of each section of the questionnaire, you will be asked to a person whom we may contact if clarification is needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

If you have questions or comments, please contact [SAMHSA CONTACT PERSON].

Thank you in advance for your cooperation.

QUESTIONS DENOTED WITH AN ASTERISK (*) REQUIRE AN ANSWER FOR THE SURVEY SKIP LOGIC TO OPERATE PROPERLY

PART I ENFORCEMENT: SECTION I.A - INTRODUCTORY QUESTIONS

A. 1 - Please identify the State agency/department that has PRIMARY RESPONSIBILITY for ENFORCING laws designed to prevent underage drinking (e.g., sales and/or furnishing of alcohol to minors, social host laws, minor in possession, etc.).

A.2 - If applicable, please briefly describe how LOCAL AND STATE enforcement agencies COORDINATE THEIR EFFORTS to enforce laws prohibiting underage drinking.

A.3 - Do State or local law enforcement agencies engage in any of the following (see definitions):

Party Underage
Cops Shoulder Patrol Alcoholin Tap Operations Related
ShopsOperations or Fatality
Programs Investigations?

State e e e e

Definitions	FAR	Ougetion	V 3
Definitions	TOL	Question	A.J

COPS IN SHOPS: A well publicized enforcement effort in which undercover law enforcement officers are placed in retail alcohol outlets.

SHOULDER TAP: Trained young people (decoys) approach individuals outside of retail alcohol outlets and ask the individuals to make an alcohol purchase.

PARTY PATROLIPARTY DISPERSAL: Operations that identify and/or safely make arrests and issue citations at underage drinking parties.

UNDERAGE ALCOHOL-RELATED FATALITY INVESTIGATIONS: Investigations to determine the source of alcohol ingested by fatally injured minors.

- * A.4 Does your State collect data/maintain records on the number of minors found in possession?
 - m Yes
 - in No
 - m Don't Know

A.4 (Con't)

a - Based on readily available data, please provide estimates of how many minors the State found in possession (or having consumed or purchased per your State statutes) of alcohol during the most recent year for which complete data are available.

Number of Minors

Period for which data are reported

MM DD YYYY

12 Months Ending:

- b Do the data provided above include arrests/citations issued by local law enforcement agencies?
- m Yes
- jn No
- □ Don't Know

PART I ENFORCEMENT: SECTION I.B - SPECIFIC STATE AND LOCAL UNDERAGE ENFORC...

The first set of questions in this section deals with UNDERAGE COMPLIANCE CHECKS/DECOY OPERATIONS (see definition) at the STATE Level

Definition for Questions B.1-B.2 COMPLIANCE CHECKS/DECOY OPERATIONS: Sending trained underage (or apparently underage) volunteers into retail outlets to attempt to purchase alcohol.

- * B.1 Does your State Alcohol Agency conduct underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to minors? DO you collect data on these activities?
 - jn Yes WE CONDUCT THESE ACTIVITIES, and WE COLLECT DATA on them
 - jn Yes WE CONDUCT THESE ACTIVITIES, but we DO NOT collect data on them
 - n No, we neither conduct these activities nor collect data on them
 - p Don't Know/No Answer

NOTE: A QUESTION ON STATE EXPENDITURES FOR COMPLIANCE CHECKS/DECOY OPERATIONS WILL APPEAR IN SECTION IV OF THIS QUESTIONNAIRE.

B.1 (Con't)

a - Based on readily available data, please provide estimates of the number of licensees in your State upon which underage compliance checks/decoy operations were conducted by your primary State alcohol law enforcement agency. Please report on the most recent year for which you have complete data.

Number of licensees upon which	
underage compliance checks/decoy	
operations were conducted (If you	
do not collect these particular data,	
please leave blank)	

b - Based on readily available data, please provide estimates of the number of licensees that failed these State compliance checks/decoy operations by selling or serving an alcoholic beverage to an underage individual. Please report on the most recent year for which you have complete data.

Total Number Who Failed (If you do	
not collect these particular data,	
please leave blank)	

Period for which data are reported in B.1.a and B.1.b:
MM DD YYYY
12 Months / / / / Ending:
This set of questions deals with UNDERAGE COMPLIANCE CHECKS/DECOY OPERATIONS at the LOCAL Level
* B.2 - Do local law enforcement agencies conduct underage compliance checks/decoy operations to determine whether alcohol retailers are complying with these laws? Do you collect data on these activities?
jn Yes local law enforcement conducts these activities and we collect data on them
jn Yes local law enforcement conducts these activities, but we DO NOT collect data on them
jn No, we neither conduct these activities nor collect data on them
jn Don't Know/No Answer
B.2 (Con't)
B.2 (Con't) a - Based on readily available data, please provide estimates of the number of licensees in your State upon which underage compliance checks/decoy operations were conducted by local law enforcement agencies. Please report on the most recent year for which you have complete data.
a - Based on readily available data, please provide estimates of the number of licensees in your State upon which underage compliance checks/decoy operations were conducted by local law enforcement agencies. Please
a - Based on readily available data, please provide estimates of the number of licensees in your State upon which underage compliance checks/decoy operations were conducted by local law enforcement agencies. Please report on the most recent year for which you have complete data. Number of licensees upon which underage compliance checks/decoy operations were conducted (If you do not collect these
a - Based on readily available data, please provide estimates of the number of licensees in your State upon which underage compliance checks/decoy operations were conducted by local law enforcement agencies. Please report on the most recent year for which you have complete data. Number of licensees upon which underage compliance checks/decoy operations were conducted (If you do not collect these particular data, please leave blank) b - Based on readily available data, what was the TOTAL number of licensees who failed the local compliance check/decoy operations by selling or serving an alcoholic beverage to an underage individual for the most recent year for which complete data are available? Total umber of licensees who failed (If you do not collect these particular
a - Based on readily available data, please provide estimates of the number of licensees in your State upon which underage compliance checks/decoy operations were conducted by local law enforcement agencies. Please report on the most recent year for which you have complete data. Number of licensees upon which underage compliance checks/decoy operations were conducted (If you do not collect these particular data, please leave blank) b - Based on readily available data, what was the TOTAL number of licensees who failed the local compliance check/decoy operations by selling or serving an alcoholic beverage to an underage individual for the most recent year for which complete data are available? Total umber of licensees who failed (If you do not collect these particular data, please leave blank)

SECTION I.C - SANCTIONS
This section includes questions on sanctions imposed for retail furnishing of alcohol to minors
Please provide data based on FINAL ADJUDICATIONS, not charges.
* C.1 Does your State collect data/maintain records on the NUMBER and/or TOTAL AMOUNT of FINES imposed on retail establishments for furnishing to minors?
j₁ Yes
jn No
jn Don't Know
C.1 (Con't) - Based on readily available data, please provide estimates of the following over the last 12 month period for which complete data are available. Do not include fines imposed by local agencies. Enter a zero (0) if no fines were imposed in the 12 month period. Number of Fines (If you do not collect these particular data, please leave blank) Total Amount of Fines In Dollars Across all Licensees (If you do not collect these particular data, please leave blank) Period for which data are reported in C.1: MM DD YYYY 12 Months
* C.2 Does your state collect data on LICENSE SUSPENSIONS imposed on retail establishments specifically for furnishing to minors? jn Yes

jn No

jn Don't Know

C.2 (Con't) - Based on readily available data, please provide estimates of the following over the last 12 month period for which complete data are available. Do not include suspensions imposed by local agencies.
Enter a zero (0) if no suspensions were imposed in the 12 month period.
Number of Suspensions (If you do not collect these particular data, please leave blank)
Total Days of Suspensions Across all Licensees (If you do not collect these particular data, please leave blank)
Period for which data are reported in C.2: MM DD YYYY 10.14
12 Months / / Ending:
* C.3 Does your state collect data on LICENSE REVOCATIONS imposed on retail establishments specifically for furnishing to minors?
jm Yes
jn <mark>No</mark>
n Revocation is not an enforcement option in our state
jn Don't Know
C.3 (Con't) - Based on readily available data, please provide estimates of the following over the last 12 month period for which complete data are available. Do not include revocations imposed by local agencies.
Enter a zero (0) if no revocations were imposed in the 12 month period.
Number of Rovocations
Period for which data are reported in C.3: MM DD YYYY
12 Months / / / / Ending:

SECTION I.D -- INTERNET SALES AND DIRECT SHIPPING

This section of questions deals with laws pertaining to INTERNET SALES AND DIRECT SHIPPING of alcohol

Definition for Questions D.1 and D.2

DIRECT SALES/SHIPMENT LAWS: Laws which permit, regulate, or prohibit direct-to-consumer sales of wine, beer, or spirits via the internet or via delivery by common carrier. Direct sales laws do not address home deliveries by retailers to consumers without the use of common carriers.

D.1 - Does your State have a program to investigate and enforce the Direct sales/shipment laws?

□ Don't Know

m Yes

in No

If yes, please identify the primary state agency responsible for enforcing laws addressing direct sales/shipments of alcohol to minors.

D.2 - Are these laws also enforced by local law enforcement agencies?

m Yes

in No

□ Don't Know

	e space below to provide clarification of any of the information is section of the questionnaire.
	·
survey.	vill NOT BE IDENTIFIED in any reports that result from this
Name	
Phone	
Number or email	
THANK YOU F	FOR YOUR PARTICIPATION

STOP ACT QUESTIONNAIRE - PART II - PROGRAMS Pilot Test Version September 09

PART II: UNDERAGE DRINKING PREVENTION PROGRAMS

The STOP Act requires the Secretary of HHS to report on whether States have "programs targeted to youths, parents, and caregivers to deter underage drinking; and the number of individuals served by these programs."

In this section of the survey, you will be asked to report on UNDERAGE DRINKING PREVENTION PROGRAMS your State funds or operates.

NOTE: QUESTIONS WITH AN ASTERISK REQUIRE AN ANSWER IN ORDER FOR THE SURVEY SKIP LOGIC TO WORK PROPERLY.

PART II A: SPECIFIC UNDERAGE DRINKING PREVENTION PROGRAMS

The first set of questions will ask about PROGRAMS THAT ARE SPECIFIC TO UNDERAGE DRINKING -- i.e., that have prevention of underage drinking as their PRIMARY OBJECTIVE.

Please use the following definitions in answering the questions in this section:

Definitions

YOUTH: Persons under 21 years of age.

PARENTS: Individuals that have primary responsibility for the wellbeing of a minor (e.g., biological and adoptive parents, grandparents, foster parents, extended family, etc.)

CAREGIVERS: Persons who provide services to youth (e.g., teachers, coaches, health and mental health care providers, human services and juvenile justice workers, etc.)

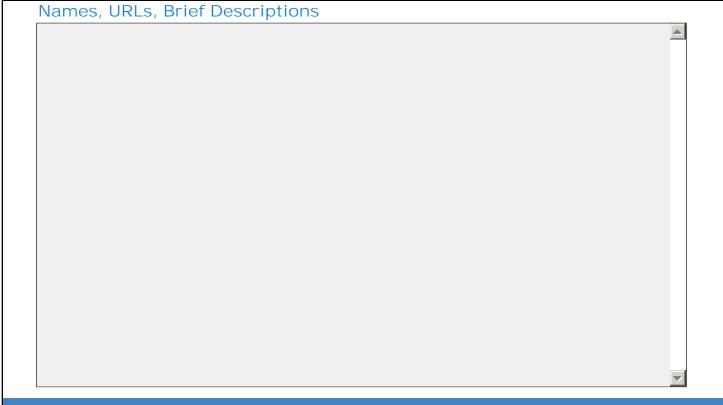
PLEASE INCLUDE ONLY THOSE PROGRAMS THAT YOUR STATE FUNDS OR OPERATES DIRECTLY
Please DO include State funded or operated programs that serve as an "umbrella" for local initiatives. In such cases, please describe the umbrella program rather than the specifics of local activities.
Please DO NOT include programs or policies that have as their primary objective the regulation of alcohol sales through State or Local licensing of alcohol outlets.
Please NO NOT include general prevention programs that include underage drinking prevention as one objectives but not the primary objective.
A.1) Please give the name of ONE program that your State OPERATES OR FUNDS that is SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above. You may also provide a brief description of the program, the number of youth served by the program, the number of parents/caregivers served by the program, and a URL where further information on the program may be found. You will be able to ADD ADDITIONAL PROGRAMS on the pages that follow. Name of SPECIFIC Underage Drinking Prevention Program Program Description
a - Based on your most recent annual data, please provide an estimate of the number of youth served in this program. If you do not collect these particular data, please leave this box blank

	b - Based on your most recent annual data, please provide an estimate of the number of parents (see definition above) served by this program. If you do not collect these particular data, please leave this box blank
	c - Based on your most recent annual data, please provide an estimate of the number of caregivers (see definition above) served by this program. If you do not collect these particular data, please leave this box blank
	Period for which data are reported in A.1.a, A.1.b, and a.1.c above MM DD YYYY 12 Months / / / Ending:
	URL for More Information
	Has this program been evaluated?
	jn Yes, but there is no report available
	jn Yes and there is a report available
	Please provide URL or other source for report if available:
*	Would you like to add another program that your State implements that is SPECIFIC TO UNDERAGE DRINKING PREVENTION?
	jn Yes jn No
	A.1 Con't) Please give the name of another program that your State OPERATES OR FUNDS that is SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above. You may also provide a brief description of the program, the number of youth served by the program, the number of parents/caregivers served by the program, and a URL where further information on the program may be found.
	You will be able to ADD ADDITIONAL PROGRAMS on the pages that follow.
	Name of SPECIFIC Underage Drinking Prevention Program

Program Description	
	ent annual data, please provide an estimate of
the number of youth served If you do not collect these	in this program.
particular data, please leav	ve
this box blank	
3	ent annual data, please provide an estimate of edinition above) served by this program.
If you do not collect these	g definition above) served by this program.
particular data, please leav	ve
this box blank	
	ent annual data, please provide an estimate of
If you do not collect these	see definition above) served by this program.
particular data, please leav	'e
this box blank	
	reported in A.1.a, A.1.b, and A.1.c above
MM DD YYY	Y
12 Months / / Ending:	
URL for More Information	
SKE for Word Throffillation	
Has this program been eva	luated?
in No	
jn Yes, but there is no repo	ort available
in Yes and there is a repor	
Please provide URL or other	er source for report if available

* Would you like to add another program that your State implements that is SPECIFIC TO UNDERAGE DRINKING PREVENTION?	
jn Yes	
jn No	
A.1 Con't) Please give the name of another program that your State OPERATES OR FUNDS that is SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above. You may also provide a brief description of the program, the number of youth served by the program, the number of parents/caregivers served by the program, and a URL where further information on the program may be found.	Ē
You will be able to ADD ADDITIONAL PROGRAMS on the pages that follow. Name of SPECIFIC Underage Drinking Prevention Program	
Name of SElective orderage brinking Frevention Frogram	
Program Description	
a - Based on your most recent annual data, please provide an estimate of the number of youth served in this program. If you do not collect these particular data, please leave this box blank	
b - Based on your most recent annual data, please provide an estimate of the number of parents (see definition above) served by this program. If you do not collect these particular data, please leave this box blank	
c - Based on your most recent annual data, please provide an estimate of the number of caregivers (see definition above) served by this program. If you do not collect these particular data, please leave this box blank	

Period for which data are reported in A.1.a, A.1.b, and A.1.c above MM DD YYYY
12 Months / / / / Ending:
URL for More Information
Has this program been evaluated?
jn No
jn Yes, but there is no report available
jn Yes and there is a report available
Please provide URL or other source for report if available
* Would you like to add another program that your State implements that is SPECIFIC TO UNDERAGE DRINKING PREVENTION?
jn Yes
jn No
THE ADOME OF CHECKLONG WILL BE LIEDATED TO ALL OWIND TO SO BROODANG
THE ABOVE QUESTIONS WILL BE ITERATED TO ALLOW UP TO 20 PROGRAMS TO BE ENTERED
TO BE ENTERED ****NOTE TO TEAM: GIVEN SPACE FOR 20 PROGRAMS ABOVE, DO WE NEED
****NOTE TO TEAM: GIVEN SPACE FOR 20 PROGRAMS ABOVE, DO WE NEED THIS?**** A.2) If you have additional programs that your State OPERATES OR FUNDS that are SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above, please identify them below with the program names,URLs if
****NOTE TO TEAM: GIVEN SPACE FOR 20 PROGRAMS ABOVE, DO WE NEED THIS?**** A.2) If you have additional programs that your State OPERATES OR FUNDS that are SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above, please identify them below with the program names,URLs if
****NOTE TO TEAM: GIVEN SPACE FOR 20 PROGRAMS ABOVE, DO WE NEED THIS?**** A.2) If you have additional programs that your State OPERATES OR FUNDS that are SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above, please identify them below with the program names,URLs if
****NOTE TO TEAM: GIVEN SPACE FOR 20 PROGRAMS ABOVE, DO WE NEED THIS?**** A.2) If you have additional programs that your State OPERATES OR FUNDS that are SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above, please identify them below with the program names,URLs if
****NOTE TO TEAM: GIVEN SPACE FOR 20 PROGRAMS ABOVE, DO WE NEED THIS?**** A.2) If you have additional programs that your State OPERATES OR FUNDS that are SPECIFIC TO UNDERAGE DRINKING PREVENTION as defined above, please identify them below with the program names,URLs if



PART II B: RELATED UNDERAGE DRINKING PREVENTION PROGRAMS

The next set of questions will ask about PROGRAMS THAT ARE RELATED TO UNDERAGE DRINKING.

Programs RELATED to underage drinking are those that address other drug use (including tobacco) IN ADDITION TO alcohol use. Examples may include:

- o School-based drug and alcohol education
- o Programs that address individual risk and protective factors
- o Programs to strengthen families

Please use the following definitions in answering the questions in this section:

Definitions

YOUTH: Persons under 21 years of age.

PARENTS: Individuals that have primary responsibility for the wellbeing of a minor (e.g., biological and adoptive parents, grandparents, foster parents, extended family, etc.)

CAREGIVERS: Persons who provide services to youth (e.g., teachers, coaches, health and mental health care providers, human services and juvenile justice workers, etc.)

PLEASE INCLUDE ONLY THOSE PROGRAMS THAT YOUR STATE FUNDS OR OPERATES DIRECTLY

Please DO include State funded or operated programs that serve as an "umbrella" for local initiatives. In such cases, please describe the umbrella program rather than the specifics of local activities.

Please DO NOT include programs that are not, in some way, related to underage alcohol use.

B.1) Please give the name and URL of ONE program that your State OPERATES OR FUNDS that is RELATED TO UNDERAGE DRINKING PREVENTION as defined above.

You will be able to ADD ADDITIONAL PROGRAMS on the pages that follow.

Name of RELATED Underage Drinking Prevention Program

URL for More Information

- * Would you like to add a another program that your State implements that is RELATED TO UNDERAGE DRINKING PREVENTION?
 - jn Yes
 - in No

B.1 Con't) Please give the name and URL of another program that your State OPERATES OR FUNDS that is RELATED TO UNDERAGE DRINKING PREVENTION as defined above.

You will be able to ADD ADDITIONAL PROGRAMS on the pages that follow.

Name of RELATED Underage Drinking Prevention Program

URL for More Information

- * Would you like to add another program that your State implements that is RELATED TO UNDERAGE DRINKING PREVENTION?
 - m Yes
 - in No

ABOVE QUESTIONS ITERATED TO ALLOW UP TO 20 PROGRAMS TO BE ENTERED
PART II C: UNDERAGE DRINKING PREVENTION PROGRAMS ADDITIONAL QUESTIONS
* C.1) Does your State collaborate with Federally Recognized Tribal Governments in the prevention of underage drinking? jn Yes jn No jn There are no Federally Recognized Tribal Governments in this State
Question C.1 Con't) a) In the space provided below, please briefly describe these collaborations.
 C.2 Does your State have programs to measure and/or reduce youth exposure to alcohol advertising and marketing? jm Yes jm No

Question C.2 Con't)
a) In the space provided below, please briefly describe these programs.
* (2) Has your State adopted or developed best practice standards for
C.3) Has your State adopted or developed best practice standards for Underage Drinking Prevention Programs?
jn Yes
jn <mark>No</mark>
Question C.3 (Con't)
a) In the space provided below, please describe your State's Best Practice
Standards

·	nis section of the questionnaire
This person w survey.	vill NOT BE IDENTIFIED in any reports that result from this
Name	
Phone	
Phone Number or	
Phone Number or Email	
Phone Number or Email	FOR YOUR PARTICIPATION
Phone Number or Email	FOR YOUR PARTICIPATION
Phone Number or Email	OR YOUR PARTICIPATION
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STOP ACT QUESTIONNAIRE PART III - COLLABORATIONS Pilot Test Version - September 09

PART III: STATE INTERAGENCY COLLABORATION

In this section, please provide information on interagency collaboration to reduce underage drinking.

NOTE: QUESTIONS WITH AN ASTERISK REQUIRE AN ANSWER FOR THE SURVEY SKIP LOGIC TO OPERATE PROPERLY.

- * 1) Is there a State-level interagency governmental body/committee that coordinates or addresses underage drinking prevention activities in your State?
 - m Yes
 - in No
 - Don't Know/No Answer

Question 1 (Con't)

a) Please provide a Committee contact (the Chair of the Committee or other primary contact person) in the space below as well as her/his email, address, and phone number.

Name	
Email	
Address	
Phone	

 b) Please list the agencies/organizations represented on the committee. If more than ten agencies/organizations are represented, use the additional space below
Agency/Organization
Additional Agencies/Organizations
 ★ c) Is there a website or other public source that describes the committee's activities? jn Yes jn No
Please provide a website address or other means to access this information.
* 2) Has your State prepared a plan for preventing underage drinking in the last 3 years? jn Yes jn No

Question 2 (Con't)
a) What agency, committee, or other body prepared the plan?
b) If available, please provide a website address or other means to access the plan
* 3) Has your State prepared a report on underage drinking in the last 3 years?
jn Yes
jn No
Question 3 (Con't)
a) What agency, committee, or other body prepared the report?
 b) If available, please provide the website address or other means to access the report.

provided in tr	nis section of the questionnaire.
survey.	vill NOT BE IDENTIFIED in any reports that result from this
Name	
Phone	
Number or	
Number or Email	
Number or Email	FOR YOUR PARTICIPATION
Number or Email	OR YOUR PARTICIPATION
Number or Email	FOR YOUR PARTICIPATION
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STOP ACT QUESTIONNAIRE PART IV - STATE EXPENDITURES Pilot Test Version -- September 09

PART IV: STATE EXPENDITURES FOR PREVENTION OF UNDERAGE DRINKING

This section requests estimates of the funds expended annually by your State specifically for the prevention of underage drinking under a variety of headings specified in the STOP Act.

For each activity or program listed on the following pages, please provide an estimate of the STATE FUNDS your State expended during the most recent year for which complete data are available.

If you do not have access to relevant data, please check "These Data are Not Available in My State."

Please DO NOT include Federal, local, or private funding sources.

Please Note: The STOP Act requires the Secretary of HHS to report PER CAPITA expenditures. The calculation of per capita rates will be made during the analysis of the survey using census data.

SECTION A: STATE EXPENDITURES

A.1) COMPLIANCE CHECKS/DECOY OPERATIONS IN RETAIL OUTLETS including provision of TECHNOLOGY TO DETECT AND PREVENT THE USE OF FALSE IDENTIFICATION BY MINORS.

Please consider only those Compliance Checks/Decoy Operations that your State FUNDS OR OPERATES DIRECTLY.

Definition for Question 1
COMPLIANCE CHECKS/DECOY OPERATIONS: Sending trained underage (or apparently underage) volunteers into retail outlets to attempt to purchase alcohol.

Can't A	Answer	This (Juesi	tion
---------	--------	--------	-------	------

jn Th	nese	Data	are	Not	Availak	ole	in	My	State
-------	------	------	-----	-----	---------	-----	----	----	-------

Estimate of State Fund	s Expended
Dollars per 12 Month	
Period	

Period for which data are reported
MM DD YYYY 12 Months / / / / / / / / / / / / / / / / / / /
Ending
A 2) CHECKDOINTS AND SATURATION DATROLS that include the goal of
A.2) CHECKPOINTS AND SATURATION PATROLS that include the goal of reducing and deterring underage drinking.
Please consider only those Checkpoints and Saturation Patrols that your State FUNDS OR OPERATES DIRECTLY.
Can't Answer This Question
jn These Data are Not Available in My State
Estimate of State Funds Expended
Dollars per 12 Month Period
Period for which data are reported
MM DD YYYY
12 Months / / / / Ending
A 2) COMMUNITY BASED programs to provent undersage dripking
A.3) COMMUNITY-BASED programs to prevent underage drinking,
A.3) COMMUNITY-BASED programs to prevent underage drinking, Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY.
Please consider only those Community-Based Programs that your State FUNDS
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY.
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY. Can't Answer This Question jn These Data are Not Available in My State Estimate of State Funds Expended
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY. Can't Answer This Question jn These Data are Not Available in My State
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY. Can't Answer This Question jn These Data are Not Available in My State Estimate of State Funds Expended Dollars per 12 Month Period Period for which data are reported
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY. Can't Answer This Question jn These Data are Not Available in My State Estimate of State Funds Expended Dollars per 12 Month Period Period for which data are reported MM DD YYYY
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY. Can't Answer This Question jn These Data are Not Available in My State Estimate of State Funds Expended Dollars per 12 Month Period Period for which data are reported
Please consider only those Community-Based Programs that your State FUNDS OR OPERATES DIRECTLY. Can't Answer This Question jn These Data are Not Available in My State Estimate of State Funds Expended Dollars per 12 Month Period Period for which data are reported MM DD YYYY 12 Months / / / / / / / / / / / / / / / / / / /

Please consider only those K-12 School-Based Programs that your State FUNDS OR OPERATES DIRECTLY
Can't Answer This Question jin These Data are Not Available in My State
Estimate of State Funds Expended Dollars per 12 Month Period
Period for which data are reported MM DD YYYY
12 Months / / / / Ending
A.5) Programs to prevent underage drinking targeted at INSTITUTIONS OF HIGHER EDUCATION.
Please consider only those Higher Education Programs that your State FUNDS OR OPERATES DIRECTLY.
Can't Answer This Question
jn These Data are Not Available in My State
Estimate of State Funds Expended Dollars per 12 Month Period
Period for which data are reported MM DD YYYY
12 Months / / / Ending
A.6) Underage drinking prevention programs that target youth within the JUVENILE JUSTICE SYSTEM.
Please consider only those Juvenile Justice System Programs that your State FUNDS OR OPERATES DIRECTLY.
Can't Answer This Question
jn These Data are Not Available in My State

Estimate of State Funds Expended Dollars per 12 Month
Period Period for which data are reported
MM DD YYYY
12 Months / / / Ending
A.7) Underage drinking prevention programs that target youth within the CHILD WELFARE SYSTEM.
Please consider only those Child Welfare System Programs that your State FUNDS OR OPERATES DIRECTLY.
Can't Answer This Question
ந் These Data are Not Available in My State
Estimate of State Funds Expended Dollars per 12 Month Period
Period for which data are reported
MM DD YYYY 12 Months / / / Ending
A.8) Please provide an estimate of the STATE FUNDS your State expended during the most recent year for which complete data are available for any programs or strategies OTHER THAN THOSE LISTED ABOVE.
Please consider only those programs or strategies that your State FUNDS OR OPERATES DIRECTLY.
Programs or Strategies Included (Please list):
Estimate of State Funds Invested Dollars per 12 Month Period
Period

Period for which data are reported MM DD YYYY
12 Months / / / Ending
SECTION B: ADDITIONAL QUESTIONS
B.1) Are funds dedicated to underage drinking derived from any of the following revenue streams in your State? Yes No Taxes jo jo Fines jo jo Other (please specify) If you answered yes to any of the above, please briefly describe these funding streams and how they are used.

•	nis section of the questionnaire
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