

Checklist for Completing the FFY 2010 Annual Synar Report

STATE NAME: _____ FISCAL YEAR: _____

Checklist Completed By (Print): _____ Position: _____

Telephone Number: _____ - _____ - _____ E-mail Address: _____

Signed: _____ Date: _____

Check the following items as they have been completed, prior to submission of the Annual Synar Report to SAMHSA/CSAP. Please include a copy of this checklist along with your FFY 2010 Annual Synar Report hard copy submission to SAMHSA's Division of Grants Management.

Completion and inclusion of the Checklist for Completing the Annual Synar Report

1 copy of the completed Annual Synar Report; either SSES Tables 1-5 OR Forms 1, 4 and 5 (and Forms 2 and 3, if applicable); Synar inspection form and Synar inspection protocol uploaded to WebBGAS

Inclusion of 1 hardcopy of the completed Annual Synar Report.....

Signature on Funding Agreements/Certifications and additional photocopy of the signed Funding Agreements/Certifications

Completion of all Annual Synar Report Questions (see below).....

Section I: (Compliance Progress)

Question 1

 State Tobacco Legislation.....

Question 2

 Publicizing the Annual Synar Report

Question 3

 Identify Lead Agencies

Question 4

 Tobacco Prevention and Control Agency

 Coordination and Collaboration with Lead Synar Agency

- Question 5
- Enforcement of Youth Access
- Penalties for Violations of Youth Access Laws
- Supporting Activities

- Question 6
- Sampling Methodology (Appendix B).....

- Question 7
- SSES Used Yes No
- If Yes*, SSES Summary Table 1.....
- SSES Summary Table 2.....
- SSES Summary Table 3.....
- SSES Summary Table 4.....
- SSES Table 5 (input data).....
- If No*, Random Sample Survey Results.....
- Form 1
- Form 2 (Optional)
- Form 3
- Sample Sizes
- Form 4.....

- Question 8
- List Frame
- Appendix D.....

- Question 9
- Inspection Protocol (Appendix C)
- Form 5.....

Section II (Intended Use)

- Question 1
- Anticipated Changes

- Question 2
- State Plan

- Question 3
- Challenges.....