



DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
2015 INNOVATION AWARD CONTEST  
*25K Find a New Way*

**APPLICATION**

**Personal Information** - This personal information will be restricted from the Judges. Your Submission will be assigned a number, and your name and other identifying information will remain confidential and not available to the Judges during the evaluation of Submissions.

\* Denotes required field.

Name of Contestant

First\* \_\_\_\_\_  
Last\* \_\_\_\_\_

Residence Address

Street\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from Residence Address). If used, all address fields must be entered.

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number\*(\_\_\_\_) \_\_\_\_\_  
Email Address\* \_\_\_\_\_

Current place of employment\* \_\_\_\_\_  
If student, current school of enrollment\* \_\_\_\_\_

If you are under 18 years of age, please provide name of parent or legal guardian\*

Name of Parent or Legal Guardian

First \_\_\_\_\_  
Last \_\_\_\_\_

Residence Address

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from Residence Address). If used, all address fields must be entered.

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about this Contest\*?

News media

Social media

Word of mouth

Other

Please specify: \_\_\_\_\_

(Dept. use only)

Control No. \_\_\_\_\_



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**APPLICATION**

- I. **Idea Information** - The word "idea" is used interchangeably to describe an idea, concept, program, approach, policy, or procedure.

Title of the Idea\* \_\_\_\_\_

Description of the Idea\* *(Please provide a one-line description of your idea; max. 20 words)*

\_\_\_\_\_

\_\_\_\_\_

Submission Abstract\* *(On a separate sheet, and in 1000 words or less, please provide an overview of your innovative idea, and include the following information:)*

- *How your innovative idea can improve the way ABC works to prevent or reduce underage drinking.*
- *What your idea is and its goal.*
- *How your idea is unique and innovative.*
- *How your idea includes education, prevention, and/or enforcement components.*
- *What your idea's potential is for actually reducing underage drinking.*
- *How your idea will be implemented (describing staffing and resources needed).*
- *Whether new legislation will be required to implement your idea.*
- *How the effectiveness of the implementation of your idea can be tracked, measured, and evaluated.*
- *How your idea can engage youth.*
- *How your idea can engage alcoholic beverage industry members (including manufacturers, distributors, and/or retailers).*
- *How the implementation of your idea or concept will be communicated or marketed to the public or Department stakeholders.*
- *Whether your idea can potentially be adapted to reduce or prevent other public health or safety problems, such as binge drinking or impaired driving.*
- *The expected length of time it would take to implement your idea. \* (If by operation, estimate the hours required for each operation.)*

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Control No. \_\_\_\_\_

**II. Optional Items** - You may submit any of the following items. Check all that apply:

- A five-slide PowerPoint presentation.
- A five-page file containing any relevant data, analyses, images, schematics, information graphics, or visualizations to help illustrate your idea. *(Accepted file formats include: .doc, .xls, .pdf, .txt, .jpg, .png; files must not exceed 20 MB)*
- A one-minute You Tube video.URL: \_\_\_\_\_  
\_\_\_\_\_

**III. Past Contest Participation**

Have you ever submitted this idea to other competitions or contests?\*

- Yes To whom? \_\_\_\_\_
- No

Have you ever been awarded or received public recognition for this idea?\*

- Yes By whom? \_\_\_\_\_
- No

**IV. Application Checklist\***

- I have attached my Submission Abstract as required in Item I above.
- I have attached all Optional Items checked off in Item II above.
- By checking this box and signing below, I hereby acknowledge that I am the Contestant or Contestant's Parent or Guardian (if applicable), have completed all required fields in this Application, and have read, understood and agree to be bound by the Official Rules and Evaluation Criteria of this Contest.

Mail to: Department of Alcoholic Beverage Control  
ATTN: 2015 INNOVATION AWARD CONTEST  
3927 Lennane Drive, Suite 100  
Sacramento, CA 95834

\_\_\_\_\_  
Signature of Contestant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(Required if Contestant is under 18 years of age)

\_\_\_\_\_  
Date

(Dept. use only)  
Control No. \_\_\_\_\_