

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL BUREAU

**Reimagining Youth SUD Engagement – Update the Program (RYSE-UP)
Project Approval Form**

Agency Name	DMC Contract Number
Facility Address (DMC Certified Location)	
RYSE UP Fund Plan (list estimated cost for activities, contracted staff, and supplies):	
Total Estimated Cost	Estimated Completion Date
Project Manager Information	
Name & Title:	
Email:	
Phone Number:	

Agency Leadership Signature	
By signing this form, I confirm that the RYSE UP Funds will be used at the site listed and as described above, in accordance with SAPC Information Notice 25-17.	
Signature	Date

-----SAPC USE ONLY-----

Reviewed and Approved		
Division	Signature	Date
Systems of Care Division		
Finance Services Division		