

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		