

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL BUREAU
REIMAGINING YOUTH SUD ENGAGEMENT (RYSE)
REIMAGINING ENVIRONMENTS FOR SUD ENGAGEMENT AND TREATMENT (RESET) FUNDS
PROJECT APPROVAL FORM
ATTACHMENT I**

Agency Name		DMC Contract Number
Facility Address (DMC Certified Location)		
RESET Fund Plan (list activities and purchases with estimated cost):		
Total Estimated Cost		Estimated Completion Date
Project Manager (Name, Email, and Contact Number)		

Organizational Leadership Signature

I confirm the Care Setting Improvement Funds will be used at the site listed and as described above and in accordance with SAPC Information Notice 25-06.

Signature	Date

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

Reviewed and Approved

Division	Signature	Date
Systems of Care Division		
Finance Services Division		