

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL BUREAU
RECOVERY BRIDGE HOUSING/RECOVERY HOUSING**

HOME IMPROVEMENT PLAN

Agency Name		Submission Date
Facility Address		Contracted Bed #
Activity/Project Description		
Estimated Cost		Estimated Completion Date
Project Manager (Name, Email, and Contact Number)		

<u>Organizational Leadership Signature</u>	
I confirm the Home Improvement Funds will be used at the site listed and as described above and in accordance with SAPC Informational Notice 24-07.	
Signature	Date

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

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