Provide a list of new organizations that your agency met with between July 1, 2023 and January 12, 2024 to develop new partnership agreements to expand access to services. This document is used to determine if start-up funds were utilized as attested to and/or if recoupment for incomplete deliverables is needed. Email the completed Partner Entity Log to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov) with subject line “2A New Partnerships” by ***2/29/24***.

Specify: a) Meeting date and time; b) Partner Name and address; c) Areas served (e.g., service planning area [SPA] and Supervisorial District [SD]); d) Type of organization (e.g., community-based organization, school, government agency, homeless services, etc.); and e) Populations to be served (e.g., young adults, persons experiencing homelessness, other underserved groups). Providers should connect with organizations serving individuals who are at varying stages of the readiness for treatment continuum, including those who are unsure if they want SUD treatment services and/or who may not be ready to cease all substance use.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | Meeting Date/Time | Partner Agency Name | Address | SPA | SD | Organization Type | Population (s) Served |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |

By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 23-07 – Fiscal Year 2023-2024 Rates and Payment Policy Updates.

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Tier:  Tier 1  Tier 2  Tier 3

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*\*\*For SAPC Use Only\*\*\* | | | | | | | | | |
| Systems of Care Division | Approved: | Comments |  | | | | | | |
| Finance Services Division | Approved: | Provider Tier:  Tier 1  Tier 2  Tier 3 | |  | Number Paid Start-Up Funds |  | Balance to Pay up to Tier Max |  | Number Overpaid to Recoup |