



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

Trish Marsik
Assistant Commissioner
Bureau of Mental Health
tmarsik@health.nyc.gov

Gotham Center
42-09 28th Street, 19th floor
Queens, NY 11101-4132

+ 1 347-396-7136 tel
+ 1 347-396-7167 fax

Lily Tom
Assistant Commissioner
Bureau of Children, Youth,
and Families
lmom@health.nyc.gov

Gotham Center
42-09 28th Street, 19th floor
Queens, NY 11101-4132

+ 1 347-396-7070 tel

To: PAR Applicant
From: Division of Mental Hygiene, NYC DOHMH
CC: OMH NYC Field Office
Date: August 2011
Re: Letter of Intent to submit a PAR Application – Updated Instructions

The New York City Department of Health and Mental Hygiene (DOHMH) is pleased to accept letters of intent from NYC entities interested in submitting an EZ PAR or Comprehensive PAR application.

Please include the following information:

- Agency name and address
- CEO/Executive Director
- Contact Person's name, title, telephone # and email address
- Name of the Program (if applicable)
- Operating Certificate # (if applicable)
- Proposed Project Type
- Target population
- Narrative: Please provide a brief description of proposed action, identifying the specific location of the proposed program including zip code and community districts, and anticipated effective date. Include a rationale for the proposal, a description of the needs being addressed, the level of preparedness for implementation, and approximate caseload or change in caseload (if applicable).
- If your organization holds no OMH license of any program type but is licensed by another State agency (e.g., DOH, OASAS, OMRDD) submit the most recently conducted State review of such program.

Mailing Instructions

Please prepare the letter on agency letterhead with a date and signature. Address all letters of intent to NYC DOHMH and the OMH NYC Field Office and submit according to the instructions below.

NYC DOHMH

Submit correspondence electronically to: parreview@health.nyc.gov.

If the EZ PAR or Comprehensive PAR pertains to child/adolescent services only, address correspondence to:

Lily Tom, Assistant Commissioner
Bureau of Children, Youth, and Families
NYC DOHMH
Attn: PAR Review
Gotham Center
42-09 28th St, CN #23 (19th floor)
Long Island City, NY 11101-4132

If the EZ PAR or Comprehensive PAR pertains to adult services only OR adult and child/adolescent services, address correspondence to:

Trish Marsik, Assistant Commissioner
Bureau of Mental Health
NYC DOHMH
Attn: PAR Review
Gotham Center
42-09 28th St, CN #13 (19th floor)
Long Island City, NY 11101-4132

OMH NYC Field Office

Submit correspondence to:

Anita Appel, Director
New York City Field Office
NYS Office of Mental Health
330 Fifth Avenue
New York, NY 10001

The Department will be in contact with you concerning any further consultation necessary with regard to the submitted letter of intent. Should you have any questions, please contact us at: parreview@health.nyc.gov.

Thank you for your interest in serving the people of New York City with mental health needs.