



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](mailto:tmarsik@health.nyc.gov)

Gotham Center  
42-09 28<sup>th</sup> Street, 19<sup>th</sup> 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  
[ltom@health.nyc.gov](mailto:ltom@health.nyc.gov)

Gotham Center  
42-09 28<sup>th</sup> Street, 19<sup>th</sup> 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](mailto: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](mailto:parreview@health.nyc.gov).

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