

Letter of Intent

To: Local Government Unit
OMH Field Office

From: Agency name
Agency address

For projects proposed by an agency that currently provides mental health services authorized (but not licensed) by OMH.

Identify type of services:

Proposed Action: Identify type of project

Narrative: Please provide a brief description of proposed project, identifying the county/borough involved and include anticipated effective date.

Circle type of application to be submitted: EZ PAR Comprehensive PAR

CEO/Executive Director:

Contact Person: name & title

Telephone #:

Email address: