



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

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**Marnie Davidoff, MPA**  
*Assistant Commissioner*  
*Bureau of Children, Youth,  
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[mdavidof@health.nyc.gov](mailto:mdavidof@health.nyc.gov)

**Gotham Center**  
**42-09 28th St.**  
**Long Island City, NY 11101**

To: PAR Applicant  
From: Division of Mental Hygiene  
CC: NYS OMH NYC Field Office  
Date: November 2025  
Re: Letter of Intent to submit a PAR Application – Updated Instructions

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The New York City Department of Health and Mental Hygiene (The NYC Health Department) 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 in the letter of intent:***

- Agency name and address
- CEO/Executive Director
- Contact person's name, title, telephone number and email address
- Name of the program (if applicable)
- Operating certificate number (if applicable)
- Proposed project type
- Target population
- Narrative: Provide a brief description of proposed action, identifying the specific location of the proposed program, including ZIP code and community districts, and the anticipated effective date. Include a brief rationale for the proposal, a description of the needs being addressed, the level of readiness for implementation and an approximate caseload or change in caseload (if applicable).
- If your organization holds no Office of Mental Health license of any program type but is licensed by another New York State agency, such as the Department of Health, Office of Alcoholism and Substance Abuse Services or the Office for People with Developmental Disabilities, submit the most recently conducted State review of such program.

To establish a licensed Article 31 MHOTRS satellite in a NYC school, follow the instructions on [Process To Establish a Licensed Article 31 Mental Health Outpatient Treatment and Rehabilitative Services Program Satellite in an NYC School](#) (PDF).

***How to submit the letter of intent for a PAR Application:***

Submit all correspondence by email to the NYC Health Department at [parreview@health.nyc.gov](mailto:parreview@health.nyc.gov) and to New York State Office of Mental Health at [NYCFO.Licensing@omh.ny.gov](mailto:NYCFO.Licensing@omh.ny.gov).

EZ PARs: Address EZ PAR letters of intent to the NYC Health Department and the New York State Office of Mental Health NYC Field Office

Comprehensive PARs: Address Comprehensive PAR letters of intent to the New York State Office of Mental Health NYC Field Office and copy the NYC Health Department.

### **NYC Health Department Contact Information**

Email all correspondence to the NYC Health Department at [parreview@health.nyc.gov](mailto:parreview@health.nyc.gov).

If the Letter of Intent pertains to child/adolescent services\*, address correspondence to:

Marnie Davidoff, MPA  
Assistant Commissioner  
Bureau of Children, Youth, and Families/ Developmental Disabilities  
NYC DOHMH  
Attn: PAR Review  
Gotham Center  
42-09 28th Street, CN #23 (18th floor)  
Long Island City, NY 11101-4132

If the EZ PAR or Comprehensive PAR pertains to adult services\*, address correspondence to:

Jamie Neckles, MA, MSW  
Assistant Commissioner  
Bureau of Mental Health  
NYC DOHMH  
Attn: PAR Review  
Gotham Center  
42-09 28th Street, CN #13C (20th floor)  
Long Island City, NY 11101-4132

\* If the letter of intent pertains to both children/adolescents and adults, address the letter to both Marnie Davidoff and Jamie Neckles.

### **New York State Office of Mental Health NYC Field Office Contact Information**

Email all correspondence to the NYS Office of Mental Health: [NYCFO.Licensing@omh.ny.gov](mailto:NYCFO.Licensing@omh.ny.gov).

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

Thank you for your interest in supporting the mental health of New Yorkers.