***Agency Contact:***  *name/phone number*

 *e-mail address*

 *Carla Thompson (410) 260-6155*

*Carla.Thompson@maryland.gov*

**\_\_-IT. MARYLAND DEPARTMENT OF HEALTH**

*Program Name*

***Contract ID*:** Contract Title

MDH-OPASS Contract #; M00B\_\_\_\_\_\_, COF\_\_\_\_\_\_

***Description*:** enter description

***Award*:** enter vendor Name and State

***Term*:** start and end dates

***Amount*:** enter amount

***Procurement Method*:** enter procurement method

***MBE Participation*:** enter Goal

**Incumbent:** enter name

***Remarks*:** enter remarks

***Fund Source:*** enter fund source

***Approp. Code*:** enter

***Resident Business*:** enter

***MD Tax Clearance*:** enter

**BOARD OF PUBLIC WORKS THIS ITEM WAS:**

**APPROVED DISAPPROVED DEFERRED WITHDRAWN**

 **WITH DISCUSSION WITHOUT DISCUSSION**