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

*e-mail address*

*Carla Thompson (410) 260-6155*

[*Carla.Thompson@maryland.gov*](mailto:carla.thompson@maryland.gov)

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

*Program Name*

***Contract ID*:** Contract Title

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

***Contract Approved*:** DoIT Item # and BPW date

***Contractor*:** Vendor Name and State

***Contract Description*:** Provide contract description.

***Modification Description*:** Provide mod description.

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

***Modification Term*:** mod start and end dates

***Original Amount*:** enter approved amount

***Modification Amount*:** enter mod amount

**Revised Total Contract Amount:** enter amount

***Percent +/- (This Modification)*:** enter percent

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

***MBE Participation*:** enter Goal

***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**APPROVED DISAPPROVED DEFERRED WITHDRAWN**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**