

Supplement D
Department of Information Technology
ACTION AGENDA

_____, 20__

Agency Contact: *name/phone number*
 e-mail address
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 Carla.Thompson@maryland.gov

__-IT-MOD. **DEPARTMENT OF HEALTH & MENTAL HYGIENE**
Program Name

Contract ID: *Contract Title*
DHMH-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WITHDRAWN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