

<b>AWARD/CONTRACT</b>	1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING	PAGE OF PAGES 1   74
-----------------------	---	--------	-------------------------

2. CONTRACT (Proc. Inst. Ident.) NO. HHSM-500-2017-00028I	3. EFFECTIVE DATE See Block 20C	4. REQUISITION/PURCHASE REQUEST/PROJECT NO. OTS-393-2017-0337
--	------------------------------------	--

5. ISSUED BY CODE ITCG - DISC  CMS, OAGM, ITCG, DISC 7500 SECURITY BLVD., MS: B3-30-03 BALTIMORE MD 21244-1850	6. ADMINISTERED BY (If other than Item 5) CODE AGG/DF  David Fitton Contract Specialist 410-786-1492
---	---

7. NAME AND ADDRESS OF CONTRACTOR (No., street, country, State and ZIP Code)  Innosoft Corporation Attn: SRINIVAS CHALLAPALLI PO BOX 1325 ELLICOTT CITY MD 21041	8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)
	9. DISCOUNT FOR PROMPT PAYMENT  Net 30
	10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN ITEM 12

11. SHIP TO/MARK FOR CODE 084807770 FACILITY CODE  Multiple Destinations	12. PAYMENT WILL BE MADE BY CODE ACCT  DHHS, CMS, OFM, AMG Div. of Financial Operations P.O. Box 7520 Baltimore MD 21207-0520
---	---

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) ( ) <input type="checkbox"/> 41 U.S.C. 3304 (a) ( )	14. ACCOUNTING AND APPROPRIATION DATA P-221-17-000629-032
--	--

15A. ITEM NO	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
Continued					

15G. TOTAL AMOUNT OF CONTRACT **\$1,000.00**

16. TABLE OF CONTENTS							
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	3-4	X	I	CONTRACT CLAUSES	61-73
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	7-15	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	15-19	X	J	LIST OF ATTACHMENTS	74
X	D	PACKAGING AND MARKING	19	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	19-20		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	20-21		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	22-35		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	35-61				

**CONTRACTING OFFICER WILL COMPLETE ITEM 17 (SEALED-BID OR NEGOTIATED PROCUREMENT) OR 18 (SEALED-BID PROCUREMENT) AS APPLICABLE**

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return <u>1</u> copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)	18. <input type="checkbox"/> SEALED-BID AWARD (Contractor is not required to sign this document.) Your bid on Solicitation Number _____, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your bid, and (b) this award/contract. No further contractual document is necessary. (Block 18 should be checked only when awarding a sealed-bid contract.)
--	--

19A. NAME AND TITLE OF SIGNER (Type or print) <b>Srinivas V Challapalli, President</b>	19B. NAME OF CONTRACTOR <b>Innosoft Corporation</b>	19C. DATE SIGNED <b>02/16/2017</b>	20A. NAME OF CONTRACTING OFFICER <b>Aaron Blackshire</b>
19B. NAME OF CONTRACTOR <b>Innosoft Corporation</b>		19C. DATE SIGNED <b>02/16/2017</b>	20B. UNITED STATES OF AMERICA
BY <u>ch Vani srinivas</u> (Signature of person authorized to sign)		BY _____ (Signature of the Contracting Officer)	20C. DATE SIGNED 2/21/2017

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HHSM-500-2017-00028I

PAGE OF  
2 | 74

NAME OF OFFEROR OR CONTRACTOR

Innosoft Corporation

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	Tax ID Number: 43-1922780 DUNS Number: 084807770 Req Identifier: P CAN Number: 5996932 Appropriation: 7570511 Object Class: 25235 Component ID: 221 Fiscal Year: 17 Project #: 000629 Sequence #: 032 Period of Performance: 06/08/2016 to 06/07/2021  To provide funding for SPARC IDIQ awards. Obligated Amount: \$1,000.00  Delivery: 02/01/2017 Delivery Location Code: SEE ATT SEE ATTACHED  Amount: \$1,000.00				1,000.00
0002	For future task orders Obligated Amount: \$0.00 Product/Service Code: D399  Delivery Location Code: WHSE CTRS FOR MEDICARE & MEDICAID SVCS WAREHOUSE - NORTH BUILDING 7500 SECURITY BLVD. BALTIMORE MD 212441850 Amount: \$0.00				0.00
0003	SPARC funding for 06/08/2021-06/07/2026 Amount: \$0.00 (Option Line Item) Product/Service Code: D399  Delivery Location Code: WHSE CTRS FOR MEDICARE & MEDICAID SVCS WAREHOUSE - NORTH BUILDING 7500 SECURITY BLVD. BALTIMORE MD 212441850 Amount: \$0.00				Option