



## Notice of Statewide Contract Award

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*Official signed contract documents are on file with OMES-Central Purchasing.*

**Contract Title:** Infant/Toddler/Child Products

**Statewide Contract # :** SW 360

**Contract Issuance Date:** May 31, 2017

**Total Number of Vendors:** 3 *(For details see: Vendor Information Sheet)*

**Contract Period:** May 31, 2017 through May 30, 2018

**Agreement Period:** May 31, 2017 through May 30, 2022

**Authorized Users:** **All State Departments, Boards, Commissions, Agencies and Institutions, in addition to Counties, School Districts and Municipalities which may avail themselves of this contract.**

**Contract Priority:** Non-Mandatory

**Type of Contract:** Indefinite Quantity, Percentage Discount

**OMES-CP Contact:** Linda Lechtenberg **Title:** Contracting Officer

**Phone:** 1 - 405 - 522 - 0436 **Email:** linda.lechtenberg@omes.ok.gov



## Awarded Supplier Information

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**Supplier Name:** Evenflo

**Supplier ID #:** 0000078701

**Supplier Address:** PO Box 1046

**City:** Cullman

**State:** AL

**Zip Code:** 35056

**Contact Person Name:** Patsy Pilcher

**Phone #:** 1-800-768-6077

**Title:** Account Manager/Contract Manager

**Fax #:** 1-800-382-4565

**Email:** evenflosales@worldsafe.net

**Website:** www.evenflo.com

**Authorized Location:**  Locations list attached as *(attachment title)*

Address:

City:

State:

Zip Code:

**Contract ID #:** 4829

**Delivery:** Standard delivery time is 10 business days ARO.

**Minimum Order:**

**P/Card Accepted:**  Yes

No

**Other:**



## Awarded Supplier Information

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**Supplier Name:** Halo Innovations, Inc.

**Supplier ID #:** 0000340913

**Supplier Address:** 111 Cheshire Ln, Ste 700    **City:** Minnetonka    **State:** MN    **Zip Code:** 55305

**Contact Person Name:** Yvonne Schreifels

**Phone #:** 1-952-641-5137

**Title:** Contract Manager

**Fax #:** 1- - -

**Email:** yschreifels@halosleep.com

**Website:** www.halosleep.com

**Authorized Location:**  Locations list attached as *(attachment title)*

Address:

City:

State:

Zip Code:

**Contract ID #:** 4832

**Delivery:** Standard orders are 5-8 business days ARO.

**Minimum Order:**

**P/Card Accepted:**  Yes

No

**Other:**



## Awarded Supplier Information

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**Supplier Name:** Tee-Zed Product, LLC dba  
Dream Baby

**Supplier ID #:** 0000433469

**Supplier Address:** 109 Stuart Town Road      **City:** Beaufort      **State:** SC      **Zip Code:** :9902

**Contact Person Name:** Eve Miller

**Phone #:** 1-877-783-0444

**Title:** Account Manager/Contract Manager

**Fax #:** 1-800-382-4565

**Email:** eve@worldsafe.net

**Website:** www.dream-baby.com

**Authorized Location:**  Locations list attached as *(attachment title)*

Address:

City:

State:

Zip Code:

**Contract ID #:** 4833

**Delivery:** Normal shipping lead time is 3 business days.

**Minimum Order:**

**P/Card Accepted:**  Yes       No

**Other:**