

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

| Contract title: 911 - Training Platform Learning Management System(LMS) for SW1181 | | |
|--|---|--|
| Contract Number: 00000000000000000006383 | | |
| Date of Contract issuance: 01/20/2022 | | |
| Contract period: 01/20/2022 th | rough 01/19/2023 | |
| Agreement period: 01/20/2022 the | rough 01/19/2025 | |
| Type of contract: Mandatory 🛛 No | n-Mandatory | |
| OMES Central Purchasing contact: Cini Zacharia Title: Procurement Specialist | | |
| Phone: (405) - 522 - 9078 | Email: Cini.zacharia@omes.ok.gov | |
| | | |
| Supplier name: MOETIVATIONS, Inc (MOE911) | | |
| Supplier ID #: 0000537798 | Contract ID #: 0-6383 | |
| Supplier Point of Contact: Maureen Dieckmann | | |
| Supplier address: 10288 W. Chatfield Ave, Suite 306, | | |
| City: Littleton | State: CO Zip Code: 80127 - | |
| Phone #: 1 - 303 - 993 - 7850 | Email maureen@moetivations.com | |

Contract Overview:

911 - Training Platform Learning Management System (LMS) for SW1181.

<u>Authorized Users</u>: All state departments, boards, commissions, agencies, and institutions, in Addition to counties, school districts and municipalities which may avail themselves of this contract.

How to order:

Review contract award to identify the current vendor and pricing. It is advised to contact the

Supplier to confirm the order.

Available Brands:

MOETIVATIONS, Inc (MOE911)

Available Products and Services:

Services: Project Management, Training Coordination Learning, Administrative Support Report,

Tech support, uploading video, Onsite Training. Software: Basic user Access, Advanced user

Access, Management Access, Online Library of courses, Standard Live delivery, Customized Live

delivery of courses. Dispatcher 1, Dispatcher 2, Dispatcher 3.

Authorized Dealer/Reseller(s):

| Supplier name: | | |
|----------------------------|----------------|-----------|
| Supplier ID #: | Contract ID #: | |
| Supplier Point of Contact: | | |
| Supplier address: | | |
| City: | State: | Zip Code: |
| Phone #: 1 | Email: | |
| Supplier name: | | |
| Supplier ID #: | Contract ID #: | |
| Supplier Point of Contact: | | |
| Supplier address: | | |
| City: | State: | Zip Code: |

Phone #: 1 -- -

Email: