

Statewide Contract Summary

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

Contract title: Ground Maintenance equipment & services.

Contract Number: SW0196BS

Date of Contract issuance: 02/06/2023

Contract period: 02/06/2023 through 02/05/2024

Agreement period: 02/06/2023 through 02/05/2028

Type of contract: Mandatory ☒ Non-Mandatory ☐

OMES Central Purchasing contact: Cini Zacharia, CPOII

Title: Contracting Officer II

Phone: (405) - 522 - 9078

Email: Cini.zacharia@omes.ok.gov

Supplier name: **BRIGGS & STRATTON CORPORATION**

Supplier ID #: 0000461737

Contract ID #: 0-6799

Supplier Point of Contact: Loren D Faulkner

Supplier address: 100 EAST SENECA STREET

City: Sherrill

State: NY

Zip Code: 13461

Phone #: 1 315-231-2190

Email: pg-state-contract@basco.com

Contract Overview:

**This Statewide Contract resulted from the Solicitation #0900000552 for
SW0196BS, Ground Maintenance equipment & services.**

**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.**

How to order:

- 1. For product and pricing information review awarded contract documents “Attachment Named
Exhibit#3&4 Pricing”.**
 - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes
must reference SW0196BS**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the
statewide
contract number SW0196BS on your purchase order by attaching the PeopleSoft Contract.**
 - 4. Email your purchase order to the designated supplier sales representative**
-
-
-

Available Brands:

BRIGGS & STRATTON CORPORATION

Available Products and Services:

Ground Maintenance equip & services.

Authorized Dealer/Reseller(s):

Supplier name: NA

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: