



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

**Contract title:** Ground Maintenance equip & services.

**Contract Number:** SW0196MT

**Date of Contract issuance:** 02/08/2023

**Contract period:** 02/08/2023 through 02/07/2024

**Agreement period:** 02/08/2023 through 02/07/2028

**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](mailto:Cini.zacharia@omes.ok.gov)

**Supplier name:** MTD PRODUCTS  
COMPANY

**Supplier ID #:**0000393739

**Contract ID #:**

**0-6810**

**Supplier Point of Contact:** Jennifer  
Kucera

**Supplier address:** P O Box  
368022

**State:** OH

**Zip Code:**44136

**City:**Cleveland

**Email:** jennifer.kucera@sbdinc.com

**Phone #:** 330-558-3528 OR  
216.213.9689

**Contract Overview:**

**This Statewide Contract resulted from the Solicitation #0900000552 for  
SW0196MT, Ground Maintenance equipment & services.**

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**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 SW0196MT**
  - 3. Generate a purchase order made payable to the desired supplier. You must reference the  
statewide  
contract number SW0196MT on your purchase order by attaching the PeopleSoft  
Contract. 4. Email your purchase order to the designated supplier sales representative**
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**Available Brands: MTD PRODUCTS COMPANY**

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**Available Products and Services:**

**Ground Maintenance equip & services.**

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**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:**