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

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

**Contract Number:** SW0196CE

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

**Contract period:** 02/08/2023 through 02/07/2024 Non-Mandatory

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

**Type of contract:** Mandatory

**Title:** Contracting Officer II

**OMES Central Purchasing contact:** Cini Zacharia, CPOII  
**hone:** (405) - 522 - 9078

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

**Supplier name:** CLARK  
EQUIPMENT COMPANY

**Contract ID #:** 0-6819

**Supplier ID #:**0000281099

**Supplier Point of Contact:**

Randy L.Fuss

**State:** ND

**Zip Code:**58078 -6000

Email: randy.fuss@doosan.com

**Supplier Address:** PO BOX  
6000

**City:**West Fargo

**Phone:** : 701-241-8746 or  
701-371-4263 Mobile.

**Contract Overview:**

**This Statewide Contract resulted from the Solicitation #0900000552 for  
SW0196CE, 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 SW0196CE**
  - 3. Generate a purchase order made payable to the desired supplier. You must reference the  
statewide  
contract number SW0196CE on your purchase order by attaching  
the People Soft Contract.**
  - 4. Email your purchase order to the designated supplier sales representative**
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**Available Brands:CLARK EQUIPMENT 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:**