



Statewide Contract Summary

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

Contract title: Ground Maintenance equipment & services.

Contract Number: SW0196VG

Date of Contract issuance: 02/06/2023

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

Agreement period: 02/07/2023 through 02/06/2028 Non-Mandatory

Type of contract: Mandatory ☒ ☐

OMES Central Purchasing contact: Cini Zacharia, CPOII

Title: Contracting Officer II

Phone: (405) - 522 - 9078

Email: Cini.zacharia@omes.ok.gov

Supplier name: VERMEER GREAT
PLAINS INC

Contract ID #: 0-6822

Supplier ID #:0000047797

Supplier Point of Contact: Chad Scruggs

Supplier Address:8300 N I 35 SERVICE RD

State:OK

Zip Code: 73131-5600

City:OKC

Email:Chad.Scruggs@vermeergp.com

Phone: 405-478-2900 ext 6414 OR 405-640-1659

Contract Overview:

**This Statewide Contract resulted from the Solicitation #0900000552 for
SW0196VG, 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 SW0196VG**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the
statewide
contract number SW0196VG 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: VERMEER GREAT
PLAINS INC**

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: