

Statewide Contract Summary

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

Contract title: Ground Maintenance equipment & services.

Contract Number: SW0196JD

Date of Contract issuance: 03/10/2023

Contract period: 03/10/2023 through 03/09/2024

Agreement period: 03/10/2023 through 03/09/2028

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: Deere & Company

Supplier ID #: 0000017530

Contract ID #: 0-6844

Supplier Point of Contact: Tamara Herbert

Supplier address: 21748 Network PL

City: Chicago

State: IL

Zip Code: 60673 - 1217

Phone #: 1 - 919 - 804

- 2862

Email: : GNSBids@JohnDeere.com

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:

Contract Overview:

**This Statewide Contract resulted from the Solicitation #0900000552 for
SW0196JD, 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 SW0196JD
3. Generate a purchase order made payable to the desired supplier. You must reference the
statewide
contract number SW0196JD on your purchase order by attaching the PeopleSoft Contract.
4. Email your purchase order to the designated supplier sales representative

Available Brands:

Deere & Company

Available Products and Services:

Ground Maintenance equipment & 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: