



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

Contract title: Ground Maintenance equipment & services.

Contract Number: SW0196BH

Date of Contract issuance: 03/21/2023

Contract period: 03/21/2023 through 03/20/2024

Agreement period: 03/21/2023 through 03/20/2028

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: BUSH HOG INC

Supplier ID #: 0000529868

Contract ID #: 0-6854

Supplier Point of Contact: Jimmy Anderson

Supplier address: 1627 E Walnut St

City: Seguin

State: TX

Zip Code: 78155 - 5259

Phone #: 1 - 337 874 - 2700

Email : jimmy.anderson@bushhog.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
SW0196BH, 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 SW0196BH**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0196BH on your purchase order by attaching the PeopleSoft Contract.**
 - 4. Email your purchase order to the designated supplier sales representative**
-
-
-

Available Brands:

Bush Hog Inc

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: