



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

Contract title: **Dump Bodies, truck mounted lifts, lift hook**

Contract Number: **SW0106GW**

Date of Contract issuance: 09/29/2023

Contract period: 09/29/2023 through 09/28/2024

Agreement period: 09/29/2023 through 09/28/2028

Type of contract: Mandatory Non-Mandatory

OMES Central Purchasing contact: Cini Zacharia, CPOII **Title:** Contracting Officer II

hone: (405) - 522 - 9078 **Email:** Cini.zacharia@omes.ok.gov

Supplier name: HCP-GWL HOLDINGS LLC

Supplier ID #: 0000564878 **Contract ID #:** 0-7080

Supplier Point of Contact: Kurt Olson

Supplier address: 10400 West Reno
City: OKC **State:** OK **Zip Code:** 73127-7150

Phone #: 1405-943-4013

Email:
kurt.olson@greatwesterntrailer.com

HCP-GWL HOLDINGS LLC

Contract period:

Contract period: 09/29/2023 through 09/28/2024
Agreement period: 09/29/2023 through 09/28/2028

Contract Overview:

This Statewide Contract resulted from the Solicitation # EV00000231 for

SW0106GW- for Dump Bodies, truck mounted lifts, lift hook

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#2 Pricing”.
 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0106GW
 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0106GW 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:

HCP-GWL HOLDINGS LLC

Available Products and Services:

Dump Beds, Utility Bodies, Cranes/Bodies, Hydraulic System, service body

Authorized Dealer/Reseller(s):

Please see the price sheet.

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:

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Phone #: 1 - - -

Email: