



**State of Oklahoma  
Office of Management and Enterprise  
Services  
Central Purchasing**

**Notice of Statewide Contract  
Award**

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

**Contract Title:** Dental Supplies

**Contract Issuance Date:** December 30, 2014

**Statewide Contract #:** SW102

**Total Number of Vendors:** 1 *(For details see: Vendor Information Sheet)*

**Contract Period:** January 1, 2015 through September 30, 2016

**Agreement Period:** January 1, 2015 through September 30, 2019

**Authorized Users:** All State Departments, Boards, Commissions, Agencies and Institutions, in addition to Counties, School Districts and Municipalities may avail themselves of the contract.

**Contract Priority:** This is a Mandatory Contract

**Type of Contract:** Indefinite Quantity, Fixed Price to be delivered on an as needed basis

**OMES-CP Contact:** Laura Bybee  
Contracting Officer

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Email: [laura.bybee@omes.ok.gov](mailto:laura.bybee@omes.ok.gov)





**State of Oklahoma  
Office of Management and Enterprise Services  
Central Purchasing Division**

**Awarded Vendors  
Information**

**Vendor Name:** Darby Dental Supply

**Vendor ID#:** 0000351646

**Vendor Address:** Address: 300 Jericho Quadrangle

City: Jericho

State: NY

Zip Code: 11753

**Contact Person Name:** Kelly Jorgensen

**Phone #:** 866-309-9471 x1011

**Title:**

**Fax #:**

**Email:** [kelly.jorgensen@darby.com](mailto:kelly.jorgensen@darby.com)

**Website:** [www.darby.com](http://www.darby.com)

**Authorized Location:**  Locations list attached as (*attachment title*)

Address:

City:

State:

Zip Code:

**Contract ID #:** 000000000000000000000000003961

**Delivery:**

**Minimum Order:**

**P/Card Accepted:** X Yes

No

**Other:**

**Vendor Name:**

**Vendor ID#:**

**Vendor Address:** Address:

City:

State:

Zip Code:

**Contact Person Name:**

**Phone #:**

**Title:**

**Fax #:**

**Email:**

**Website:**

**Authorized Location:**  Locations listing attached as (*attachment title*)

Address:

City:

State:

Zip Code:

**Contract ID #:**

**Delivery:**

**Minimum Order:**

**P/Card Accepted:**  Yes

No

**Other:**

SW102 – MMCAP DENTAL SUPPLIES AND SERVICES  
STATE OF OKLAHOMA  
CENTRAL PURCHASING DIVISION  
TERMS AND CONDITIONS

**Contract Period.** The Contract Period is January 1, 2015 through September 30, 2016.

**Renewal.** Upon mutual written agreement by both parties, the Oklahoma contract period is January 1, 2015 through September 30, 2016, and may be renewed under the same terms and conditions for any additional extensions as exercised by the State of Minnesota (Lead State).

**PURCHASE CARD:** Agencies may make payments for oral or written delivery orders by using the State of Oklahoma purchase card (p-card). Oral delivery requests will be honored by the Contractor when paid by Purchase Card. **Payments made using the purchase card are in accordance with the MMCAP State of Minnesota contract.** The contractor shall not process a transaction for payment through the credit card clearinghouse until the purchased supplies have been shipped or services performed. Unless the cardholder requests correction or replacement of a defective or faulty item in accordance with other contract requirements, the contractor shall immediately credit a cardholder's account for items returned as defective or faulty.