

Statewide Contract Summary

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

Contract title: Ground Maintenance equip & services.

Contract Number: SW0196TE

Date of Contract issuance: 04/12/2023

Contract period: 04/12/2023 through 04/11/2024

Agreement period: 04/12/2023 through 04/11/2028

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: TEXTRON INC CUSHMAN DIVISION

Supplier ID: #0000067973

Contract ID #: 0-6869

Supplier Point of Contact: Maryellen Williams

Supplier address: 1451 MARVIN GRIFFIN DR

City: AUGUSTA

State: GA

Zip Code: 30906 -3852

Phone #: 1 -401.457.2327

Email: mwilliams@textron.com

Supplier name:

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

Phone #: 1

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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
SW0196TE, Ground Maintenance equip & 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 Pricing".
2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0196TE
3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0196TE on your purchase order by attaching the PeopleSoft Contract.
4. Email your purchase order to the designated supplier sales representative

Available Brands:

TEXTRON INC. CUSHMAN DIVISION

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:

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Phone #: 1 - - -

Email: