



Statewide Contract Summary

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

Contract title: Professional Development Software

Contract Number: SW1047GK – PS
contract#0-5488

Date of Contract issuance: 02/05/2019

Contract period: 02/05/2019 through 06/19/2024

Agreement period: 02/05/2019 through 06/19/2025

Type of contract: Mandatory ☐ Non-Mandatory ☒

OMES Central Purchasing contact: Cini Zacharia **Title:** Statewide Contract Officer II

Phone: (405)-522-9078

-

Email: Cini.zacharia@omes.ok.gov

Supplier name: GK HOLDINGS INC (Global Knowledge Training, LLC or Skill Soft)

Supplier ID #: 0000371869

Contract ID #: 0-5488

Supplier Point of Contact: Rebecca Mazanec

Supplier address: 9000 Regency PKWY STE 400

City: Cary

State: NC

Zip Code: 27518 - 8520

Phone #: 1 -919-463-7311

Email : becca.mazanec@skillsoft.com

Supplier name:

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1

Email:

Phone #: 1 -

Email:

Contract Overview:

SW1047GK - Professional Development Software

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 Pricing Proposal.
 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW1047GK
 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW1047GK on your purchase order by attaching the PeopleSoft Contract.
 4. Email your purchase order to the designated supplier sales representative.
-
-
-

Available Brands:

GK holdings, Global Knowledge Training, LLC, Skill soft

Available Products and Services:

Professional Development Software

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:		