



---

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

**Contract title:** Park & Recreation equipment

**Contract Number:** SW0111L from NASPO PA

**Date of Contract issuance:** 05/01/2023

**Contract period:** 05/01/2023 through 12/31/2024

**Agreement period:** 05/01/2023 through 12/31/2027

**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](mailto:Cini.zacharia@omes.ok.gov)

**Supplier name:** LANDSCAPE STRUCTURES INC.

**Supplier ID #:** 0000483897

**Contract ID #:** 0-6930

**Supplier Point of Contact:** Elaine Harkess

**Supplier address:** 601 7<sup>th</sup> Street S

**City:** Delano

**State:** MN

**Zip Code:** 55328

**Phone #:** (763) 972-5243

**Email:** [elaineharkess@playlsi.com](mailto:elaineharkess@playlsi.com)

**Contract Overview:**

**This Statewide Contract resulted from the NASPO PA for SW0111L**

---

---

---

---

---

**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 for Goods/Services and discount percent. **Agencies should contact LANDSCAPE STRUCTURES INC. for Price information.****
  - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0111L**
  - 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0111L on your purchase order by attaching the PeopleSoft Contract.**
  - 4. Email your purchase order to the designated supplier sales representative**
- 
- 
- 
- 
- 

**Available Brands:**

**LANDSCAPE STRUCTURES INC.**

---

---

---

---

---

**Available Products and Services:**

**Park & Recreation equipment.**

---

---

---

---

---

**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: