



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

Contract title: SW1026BC IT Advisory Services

Contract Number: SW1026BC - PS contract#0- 7143

Date of Contract issuance: 10/23/2023

Contract period: 10/23/2023 through 10/22/2024

Agreement period: 10/23/2023 through 10/22/2028

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: THE BOSTON CONSULTING GROUP INC (BCG)

Supplier ID #0000524073

Contract ID #: 0-7143

Supplier Point of Contact: Kevin Sanders

Supplier address: 2501 N Harwood St, Ste 2200

City: Dallas

State: TX

Zip code: 75201-1614

Phone #: 1-703-477-0412

Email:
sanders.kevin@bcg.com

Worfolk.Thomas@bcg.com
Maliszewski.Lawrence@bcg.com
Kacher.Ben@bcg.com

Contract Overview:

This Statewide Contract resulted from the Solicitation #0900000582 for

SW1026BC-IT Advisory 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 E-3-Pricing”.**
 - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW1026BC**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW1026BC 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:

The Boston Consulting Group, Inc

Available Products and Services:

IT Advisory 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:

-

Phone #: 1 - - -

Email: