



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

Contract title: SW0185 Equipment Rental

Contract Number: SW0185GP - PS contract#0- 7163

Date of Contract issuance: 11/06/2023

Contract period: 11/06/2023 through 11/05/2024

Agreement period: 11/06/2023 through 11/05/2028

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: GREAT PLAINS LLC

Supplier ID #0000072505

Contract ID #: 0-7163

Supplier Point of Contact: Garrett Clark, Lindsey Nowell, Debbie West, Vicki May

Supplier address: P.O. BOX 876

City: ADA

State: OK

Zip code: 74821-0876

Phone #: 1-580-559-8743

Email:
GCLARK@OKIERENTS.COM

lnowell@okierents.com

dwest@okierents.com

vmay@okierents.com

Contract Overview:

This Statewide Contract resulted from the Solicitation #EV00000317 for SW0185GP- Equipment Rental.

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 Pricing”.**
 - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0185GP**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0185GP 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:

GREAT PLAINS LLC

Available Products and Services:

Equipment Rental – Daily, Weekly and Monthly

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: