



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

Contract title: Online Legal Services

Contract Number: SW1168 - PS contract#0-7209

Date of Contract issuance: 12/27/2023

Contract period: 12/27/2023 through 12/26/2024

Agreement period: 12/27/2023 through 12/26/2027

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

Supplier name: IGX SOLUTIONS CORP

Supplier ID # 0000557504

Contract ID #: 0-7209

Supplier Point of Contact: Mark Watters

Supplier address: 1035 AVE ASHFORD APT C1

City: San Juan **State:** PR **Zip code:** 00907-1125

Phone #: Office: 517-336-2536 | Mobile: 517-230-8696

Email: mwatters@igxsolutions.com

Contract Overview:

**This Statewide Contract resulted from the Solicitation #EV00000324 for
SW1168- Grants Management System. Vendor: IGX SOLUTIONS CORP**

**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
“Price Exhibit#2 BAFO Named IGX SOLUTIONS CORP Price in Excel format**
 - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference
SW1168**
 - 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number
SW1168 on your purchase order by attaching the PeopleSoft Contract #0-7209.**
 - 4. Email your purchase order to the designated supplier sales representative**
-
-
-
-

Available Brands:

IGX SOLUTIONS CORP

Available Products and Services:

Grants Management System

Authorized Dealer/Reseller(s):

Supplier name: N/A

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: