



## Statewide Contract Summary

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

**Contract title:** Surveillance Equipment & Services (Security Detection, Video Surveillance, Fire, Access Controls & Mass Notification)

**Contract Number:** SW1048JC

**Date of Contract issuance:** 03/28/2024

**Contract period:** 03/28/2024 through 03/27/2025

**Agreement period:** 03/28/2024 through 03/27/2029

**Type of contract:** Mandatory ☐ Non-Mandatory ☒

**OMES Central Purchasing contact:** Darlene Saltzman, CPOII **Title:** Procurement Specialist

**Phone:** (405) - 521 - 6667

**Email:** [Darlene.saltzman@omes.ok.gov](mailto:Darlene.saltzman@omes.ok.gov)

**Supplier name:** JOHNSON  
CONTROLS US HOLDINGS LLC

**Supplier ID #:** 0000508489

**Contract ID #:** 0-7333

**Supplier Point of Contact:** Kris Tomlinson

**Supplier address:** DEPT CH 10320

**City:** PALATINE

**State:** IL

**Zip Code:** 60055-0320

**Phone #:** 1- 405-203-2274  
mail:kris.tomlinson@jci.  
com

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**Contract Overview:**

**This Statewide Contract resulted from the Solicitation #0900000569 for  
SW1048JC-Fire Alarm System**

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**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#2 Pricing”.**
  - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes  
must reference SW1048JC**
  - 3. Generate a purchase order made payable to the desired supplier. You must reference the  
statewide contract number SW104JC 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:**

**JOHNSON CONTROLS US HOLDINGS LLC JOHNSON CONTROLS FIRE PROTECTION LP**

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**Available Products and Services:**

**Surveillance Equipment, (Each Fore Alarm Systems).**

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**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:**

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**Phone #:** 1 - - -

**Email:**