

AFFILIATED AGENCIES

Orange County Transit District

Local Transportation Authority

Service Authority for Freeway Emergencies

Consolidated Transporation Service Agency

Congestion Management Agency February 16, 2024

SUBJECT: Request for Proposals (RFP) 4-2079

RFP 4-2079 Bus Wash Equipment Replacement at Garden

Grove Bus Base Addendum No. 2

Gentlemen/Ladies:

This letter and its attachments comprise **Addendum No. 2** to the above captioned RFP issued by the Orange County Transportation Authority (Authority).

- Offerors are advised that the Authority has changed the Written Questions submittal date in recognition of the President's Day holiday. All questions must be received by Authority no later than 5:00 p.m., on February 21, 2024. Authority has changed the Responses by Authority date. Responses will be posted on CAMM NET, no later than February 26, 2024.
- 2. Offerors are advised that the pre-proposal conference registration sheets are presented as **Attachment A** to this **Addendum No. 2**.

Offerors are reminded to acknowledge receipt of this **Addendum No. 2** in their Letter of Transmittal, which is to accompany the proposal.

Offerors are advised that all changes addressed in this **Addendum No. 2** shall be incorporated into the final Agreement.

Questions regarding this **Addendum No. 2** should be directed to the undersigned at (714) 560-5562 or <u>sqettel@octa.net</u>.

Sincerely,

Sonja Gettel

Senior Contract Administrator

Contracts Administration and Materials Management

Attachment

Attachment A: Pre-Proposal Conference Registration Sheets



RFP 4-2079 ADDENDUM NO. 1 ATTACHMENT B

PRE-PROPOSAL CONFERENCE REGISTRATION

	RFP #: 4-2079	Date	: February	15, 2024
	Title: Bus Wash Equipment Replacement at Garden Grove Bus Base			
1.	Company Name: Autolift Senices, Inc.			
	Attendee: Cody Woodson, Kyl	e Woodson		
	Address: 10704 LOS Vaqueros Civi	le		
	City, State Zip: US Alamitzs, CA	10720		
	Phone Number: <u>(714)</u> 816-9890	Registered on CAMM NET?	Yes	☐ No
	Prime Sub		•	
	E-Mail Address: autolift Sowices @ St	ocglobal.net		
2.	Company Name:			
	Attendee:			
	Address:			
	City, State Zip:			
	Phone Number: _()	Registered on CAMM NET?	☐ Yes	☐ No
	Prime Sub			
	E-Mail Address:			
3.	Company Name:			
	Attendee:			
	Address:			
	City, State Zip:			
	Phone Number: _()	Registered on CAMM NET?	☐ Yes	☐ No
	Prime Sub			
	E Mail Address:			



RFP 4-2079
ADDENDUM NO. 2
ATTACHMENT A
RFP 4-2079
ADDENDUM NO. 1
ATTACHMENT B

PRE-PROPOSAL CONFERENCE REGISTRATION

RFP #: 4-2079 Date: February 15, 2024

Title: Bus Wash Equipment Replacement at Garden Grove Bus Base Company Name: InterClean Equipment, LLC. 1. Attendee: Kurt Polins Address: 709 James L. Hart Parkway City, State Zip: Ypsilanti, MI 48197 Phone Number: (734) 961-3300 Prime ☐ Sub ☑ E-Mail Address: kurt.polins@interclean.com 2. Company Name: Attendee: _____ Address: City, State Zip: Phone Number: (______) **Registered on CAMM NET?** ☐ Yes ☐ No Prime Sub 3. Company Name: Attendee: City, State Zip: Phone Number: () Registered on CAMM NET? Yes □ No Prime Sub E-Mail Address:



RFP 4-2079 ADDENDUM NO. 1 ATTACHMENT B

PRE-PROPOSAL CONFERENCE REGISTRATION

Date: February 15, 2024 RFP #: 4-2079 Title: Bus Wash Equipment Replacement at Garden Grove Bus Base NIS corporation Company Name: 1 1. Attendee: MTCM Zet Address: 235 W. FWIENCE City, State Zip: Ingle wood Phone Number: (3/0) 330-1246 Registered on CAMM NET? X Yes Prime

Sub E-Mail Address: 2. Address: 23 1841 Minnetonka City, State Zip: A.V. (A 97708 Phone Number: (918) 757 - 3486 Registered on CAMM NET? Yes Prime 🗌 Sub 📈 E-Mail Address: 3. Attendee: 432 City, State Zip: Law Prime
Sub E-Mail Address:



RFP 4-2079 ADDENDUM NO. 1 ATTACHMENT B

PRE-PROPOSAL CONFERENCE REGISTRATION

Date: February 15, 2024 RFP #: 4-2079 Title: Bus Wash Equipment Replacement at Garden Grove Bus Base Company Name: AIR & LUBE SYSTEMS, INC. 1. Attendee: MIGUEL MICHELTORENA Address: 8353 DEMETRE AVE City, State Zip: __SACRAMENTO, CA 995828 Phone Number: (916) 642-7201 Registered on CAMM NET? Yes \(\sigma\) No Prime X Sub E-Mail Address: MMICHELTORENA@AIRANOLUBE. COM 2. Company Name: _____ Attendee: Address: ____ City, State Zip: Prime Sub E-Mail Address: ______ Company Name: _____ 3. Attendee: _____ Address: City, State Zip: Phone Number: __(_____) Registered on CAMM NET? ____ Yes ____ No Prime Sub E-Mail Address: