



April 29, 2024

**SUBJECT: Request for Proposals (RFP) 4-2110
"Replacement of Fareboxes and Related Fare Collection Equipment"**

AFFILIATED AGENCIES

*Orange County
Transit District*

*Local Transportation
Authority*

*Service Authority for
Freeway Emergencies*

*Consolidated Transportation
Service Agency*

*Congestion Management
Agency*

*Service Authority for
Abandoned Vehicles*

All Offerors:

This letter shall serve as Addendum No. 1 to the above RFP issued by the Orange County Transportation Authority (Authority). Offerors are reminded that the proposal submittal date is at or before **2:00 p.m., June 4, 2024**.

A pre-proposal conference will be held both on-site/in-person and via teleconference on April 30, 2024 at 10:00 a.m.

For prospective Offerors who wish to join on-site/in-person, the pre-proposal conference will be held at the Authority's Administrative Office, 500 South Main Street, Orange, California, in Conference Room 08.

For prospective Offerors who wish to join via teleconference, please join or call-in using the following credentials:

- [Pre-Proposal Conference MS Teams Link](#)
- OR Call-in Number: +1 916-550-9867
- Conference ID: 713 899 916#

The pre-proposal registration sheet is presented as Attachment A to this Addendum No. 1. Attendees are advised to complete the registration sheet (Attachment A) and email it to the undersigned at ideneau@octa.net no later than 5:00 p.m., April 30, 2024.

Offerors are reminded to acknowledge receipt of this Addendum No. 1 in their transmittal letter and Exhibit B, "Price Summary Sheet." All changes addressed in this Addendum No. 1 shall be incorporated into the final Agreement.

Questions regarding this Addendum No. 1 should be directed to the undersigned at ideneau@octa.net.

Sincerely,

Iris Deneau

Senior Contract Administrator

Contracts Administration and Materials Management

PRE-PROPOSAL CONFERENCE REGISTRATION



OCTA RFP #: 4-2110

Date: April 30, 2024

Title: Replacement Fareboxes and Related Fare Collection Equipment

1. Company Name: _____

Attendee: _____

Address: _____

City, State Zip: _____

Phone Number: (_____) _____ Registered on CAMM NET? ☐ Yes ☐ No

Prime ☐ Sub ☐ DBE ☐

E-Mail Address: _____

2. Company Name: _____

Attendee: _____

Address: _____

City, State Zip: _____

Phone Number: (_____) _____ Registered on CAMM NET? ☐ Yes ☐ No

Prime ☐ Sub ☐ DBE ☐

E-Mail Address: _____

3. Company Name: _____

Attendee: _____

Address: _____

City, State Zip: _____

Phone Number: (_____) _____ Registered on CAMM NET? ☐ Yes ☐ No

Prime ☐ Sub ☐ DBE ☐

E-Mail Address: _____