



March 4, 2025

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*

**SUBJECT: Request for Proposals (RFP) 4-2657
“Armored Vehicle Transportation and Fare Collection Counting
Services”**

Gentlemen/Ladies:

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., April 2, 2025**.

A pre-proposal conference is scheduled on-site/in-person and via teleconference on March 5, 2025, at 2:00 p.m. Offerors are advised that the location for the pre-proposal conference is as follows:

- 550 South Main Street, Orange, California, 92868
- Conference Room Number 08.

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

- [Join the meeting now](#)
- OR Call-in Number: 916-550-9867
- Conference ID: 449 473 266#

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 lmartinez1@octa.net no later than 5:00 p.m., March 5, 2025.

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 lmartinez1@octa.net.

Sincerely,

Luis Martinez

Luis Martinez
Senior Contract Administrator
Contracts Administration and Materials Management

PRE-PROPOSAL/PRE-BID CONFERENCE REGISTRATION

RFP #: 4-2657

Date: March 5, 2025

Title: Armored Vehicle Transportation and Fare Collection Counting Services

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: _____