California Department of Transportation

ADMINISTRATION
DIVISION OF PROCUREMENT AND CONTRACTS
1727 30TH STREET, MS 65
SACRAMENTO, CA 95816-7006
PHONE (916) 227-6000
TTY 711
https://dot.ca.gov/programs/procurement-and-contracts/

August 18, 2026

Addendum No. 1
Request for Proposal (RFP) #07A6338
State Route 710 Sales Program Consulting Services

NOTICE TO ALL PROSPECTIVE PROPOSERS:

Addendum No. 1 is being issued for the above-referenced RFP. Proposals for this work shall be submitted with the full understanding of this Addendum.

Please see the attached Pre-Proposal Teleconference Sign-In Sheet for a list of contractors who participated in the optional telephone conference on August 18, 2026.

NOTE: All other terms and conditions set forth in the RFP remain in full force and effect.

Sincerely,

Taylor Kim

Contract Analyst

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

PRE BID CONFERENCE/SITE INSPECTION SIGN-IN SHEET

ADM-0293 (REV 12/2010)

		CONTRACT NUMBER 07A6338	
CONTRACT ANALYST (Print Name) Taylor Kim	PHONE NUMBER (279) 234-2502	DATE 08/18/2026	START TIME 10:00AM
CONTRACT MANAGER (Print Name) Edward Phillips	PHONE NUMBER ( )	DISTRICT 7	SOLICITATION TYPE RFP
SERVICE TYPE (Enter Title of Work) State Route 710 Sales Program Consulting Services		SERVICE LOCATION(S) Los Angeles	

COMPANY NAME Veterans Realty Group	**SIGN-IN TIME**	**SIGN-OUT TIME**
BUSINESS ADDRESS	ZIP CODE	
NAME (Print Name of Representative) Dustin Luce	FAX NUMBER ( )	
NAME (Representative's Signature)	BUSINESS PHONE (951) 314-7034	
COMPANY NAME Mutual Realty Consultant	**SIGN-IN TIME**	**SIGN-OUT TIME**
BUSINESS ADDRESS	ZIP CODE	
NAME (Print Name of Representative) Maria Slaughter	FAX NUMBER ( )	
NAME (Representative's Signature)	BUSINESS PHONE (562) 270-5206	
COMPANY NAME CD Veteran Services LLC	**SIGN-IN TIME**	**SIGN-OUT TIME**
BUSINESS ADDRESS	ZIP CODE	
NAME (Print Name of Representative) Cromwell Dyette	FAX NUMBER ( )	
NAME (Representative's Signature)	BUSINESS PHONE (978) 267-1597	
COMPANY NAME	**SIGN-IN TIME**	**SIGN-OUT TIME**
BUSINESS ADDRESS	ZIP CODE	
NAME (Print Name of Representative)	FAX NUMBER ( )	
NAME (Representative's Signature)	BUSINESS PHONE ( )	
COMPANY NAME	**SIGN-IN TIME**	**SIGN-OUT TIME**
BUSINESS ADDRESS	ZIP CODE	
NAME (Print Name of Representative)	FAX NUMBER ( )	
NAME (Representative's Signature)	BUSINESS PHONE ( )	
COMPANY NAME	**SIGN-IN TIME**	**SIGN-OUT TIME**
BUSINESS ADDRESS	ZIP CODE	
NAME (Print Name of Representative)	FAX NUMBER ( )	
NAME (Representative's Signature)	BUSINESS PHONE ( )	