

**California Department of Transportation****DEPARTMENT OF TRANSPORTATION**

ADMINISTRATION

DIVISION OF PROCUREMENT AND CONTRACTS

1727 30<sup>th</sup> STREET, MS-65

SACRAMENTO, CA 95816

PHONE (916) 227-6000

TTY 711

<https://dot.ca.gov/programs/procurement-and-contracts/>

**August 31, 2026**  
**Addendum No. 2**  
**Request for Proposal (RFP) #74A1775**  
**SALTON SEA WEST FLOOD RESILIENCE STUDY**

**NOTICE TO ALL PROSPECTIVE PROPOSERS:**

Addendum No. 2 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 31, 2026.

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

Sincerely,

Sushrey Nepal  
Contract Analyst

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (5 U.S.C, Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.) declares that the right to privacy is a personal and fundamental right protected by the California and United States Constitutions. Please be advised that this form requests personal information. The term “personal information” means any information that is maintained by an agency that identifies or describes an individual, including, but not limited to, the individual’s name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It includes statements made by, or attributed to, the individual. (Civil Code, § 1798.3, subdivision (a).)

Information Collection and Access: California law requires the following information to be provided when collecting information from individuals. (See, for example, Civil Code, § 1798.17.)

**Agency Name and Division Within the Agency Requesting the Information:**

California Department of Transportation, Division of Procurement and Contracts, Office 2

**Title of Official Responsible for Information Maintenance:**

Support Staff, Protest and Policy at the Division of Procurement and Contracts at (279) 234-2382, or in writing at Office 2, 1727 30th Street, MS 65, Sacramento, CA 95816, or by email at NonIT.Contracts@dot.ca.gov

**Maintenance of the Information Authorized By:**

California Constitution, Article 1, Section 1 Government Code Section 11015.5  
Health Insurance Portability and Accountability Act (HIPAA) of 1996 – Privacy Rule Information Practices Act (Civil Code Section 1798 et seq.)  
Public Records Act (Government Code Section 6250 et seq.) State Administrative Manual (SAM) Section Privacy - 5310 et seq.  
Statewide Information Management Manual (SIMM) 5310-A and 5310-B  
National Institute of Standards and Technology (NIST) Special Publication 800-53

**Consequences of Not Providing All or Any Part of the Requested Information:**

Disclosure of this information is mandatory. Failure to provide information will prevent eligibility in the program and delay or prevent the processing of this form.

**Principal Purpose(s) for Which the Information Will Be Used:**

The request for personal information is to facilitate processing this form and review eligibility for the program.

**Known Disclosures:**

The information shall be disclosed to authorized California Department of Transportation employees and the information will remain confidential.

**Right of Access to Records:**

Individuals have the right to access information provided and may request a correction or deletion of records. Exceptions may include, but are not limited to, investigations and public transparency laws. Personal Information will only be disclosed as permitted by the Information Practices Act, Civil Code, §§ 1798–1798.83, or as otherwise required by law. To request access to, or to request correction or deletion of, information provided in this form you may contact the Official Responsible for Information Maintenance identified above.

PLEASE PRINT LEGIBLY

I agree that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

|                                                                              |                                                                                                   |                                                                  |                           |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|
| CONTRACT ANALYST (Print Name)<br>Sushrey Nepal                               | PHONE NUMBER<br>(916) 616-0860                                                                    | DATE<br>08/31/2026                                               | START TIME<br>11:00 AM    |
| CONTRACT MANAGER (Print Name)<br>Benjamin Guerrero Jr. (for Reece Allen)     | PHONE NUMBER<br>(858) 688-1576                                                                    | DISTRICT<br>11                                                   | SOLICITATION TYPE<br>RFP  |
| SERVICE TYPE (Enter Title of Work)<br>Salton Sea West Flood Resilience Study |                                                                                                   | SERVICE LOCATION(S)<br>Imperial and Riverside County, California |                           |
| COMPANY NAME<br>Ascent Environmental, Inc.                                   | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Poonam Boparai                        |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(619) 795-0113                                 |                           |
| COMPANY NAME<br>West Consultants, Inc.                                       | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Luciana Cunha                         |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(916) 932-7402                                 |                           |
| COMPANY NAME<br>WSP                                                          | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Andrina Dominguez                     |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(415) 243-4732                                 |                           |
| COMPANY NAME<br>Wood Rodgers, Inc.                                           | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Glen Parker                           |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(619) 306-7334                                 |                           |
| COMPANY NAME<br>CASC Engineering and Consulting, Inc.                        | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Rick Sidor                            |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(909) 835-7145                                 |                           |
| COMPANY NAME<br>PEC Water                                                    | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Angel Verdejo                         |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(707) 307-8611                                 |                           |

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| SERVICE TYPE (Enter Title of Work)<br>Salton Sea West Flood Resilience Study |                                                                                                   | SERVICE LOCATION(S)<br>Imperial and Riverside County, California |                           |
| COMPANY NAME<br>Herrera Environmental Consultants                            | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Tim Brown                             |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(240) 286-7661                                 |                           |
| COMPANY NAME<br>BKF Engineers                                                | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME                                                     | SIGN-OUT TIME             |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Kyle Gallup                           |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(619) 208-2220                                 |                           |
| COMPANY NAME<br>Tetra Tech Inc.                                              | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Steve Parker                          |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(949) 809-5114                                 |                           |
| COMPANY NAME<br>Dokken Engineering                                           | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME<br>11:00 AM                                         | SIGN-OUT TIME<br>11:45 AM |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)<br>Johan Koning                          |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(916) 858-0642                                 |                           |
| COMPANY NAME                                                                 | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME                                                     | SIGN-OUT TIME             |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)                                          |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(   )                                          |                           |
| COMPANY NAME                                                                 | <input type="checkbox"/> PRIME <input type="checkbox"/> SUB<br><input type="checkbox"/> OTHER REP | SIGN-IN TIME                                                     | SIGN-OUT TIME             |
| BUSINESS ADDRESS                                                             |                                                                                                   | ZIP CODE                                                         |                           |
| NAME (Print Name of Representative)                                          |                                                                                                   | EMAIL ADDRESS                                                    |                           |
| NAME (Representative's Signature)                                            |                                                                                                   | BUSINESS PHONE<br>(   )                                          |                           |