

**Bidders Response**

I. Bid (This section to be completed by the bidder)

**IFB #040-43**

The undersigned agrees, if this bid is accepted within thirty (30) calendar days after date of opening, to furnish all supplies or services in strict accordance with provisions of this Invitation for Bid at the price in the Bid Schedule.

Time discounts allowed for prompt payment as follows: discounts of less than fifteen (15) days will not be used in determining the award of a bid but may be used when paying invoices.

\_\_\_\_\_ % Discount \_\_\_\_\_ Calendar Days

Prices to remain firm for thirty (30) calendar days or \_\_\_\_\_ calendar days after date of opening. Vendor must initial here if he changes the thirty (30) day requirement \_\_\_\_\_.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same supplies or services and is in all respects fair and without collusion or fraud. I understand that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.

**Bidder Information  
(Type or Print)**

dB Integrations

**Name of Company**  
2196 Hilton Dr.

**Address**  
Gainesville, GA 30501

**City, State Zip Code**  
( 770 ) 534-7920

**Phone Number**  
paul@dbintegrations.tech

**Email Address**

**Name and Mailing Address or where  
to send payments**

dB Integrations

**Name of Company**  
2196 Hilton Drive Suite A.

**Address**  
Gainesville, GA 30501

**City, State Zip Code**  
(770 ) 534-7620

**Phone Number**  
( 770 ) 535-8485

**Fax Number**

| 5 | 8 | - | 2 | 0 | 5 | 0 | 5 | 0 | 0 |  
Tax ID Number

Or  | | | | - | | - | | | | |  
Social Security Number

**Name and Title of Person authorized to sign**

**Name:** David Clark

**Title:** Operations Manager

**Signature:** 

**Acknowledge receipt of all issued addenda  
by listing their numbers and date of issuance  
below**

No known Addenda

**Bids not signed must be declared as "Non-Responsive" and not considered for award**

**IV. PA System for Chicopee Woods Ag Center:**

<u>Description</u>	<u>Bidders Response</u>
1. (1) Remove old PA System, if applicable, and Replace with new PA System for Arena A <b>Turnkey project</b>	\$ 54,800
2. (1) Remove old PA System, if applicable, and Replace with new PA System for Arena B <b>Turnkey project</b>	\$ 15,750
3. (1) Remove old PA System, if applicable, and Replace with new PA System for Arena C <b>Turnkey project</b>	\$ 24,500
4. (1) Remove old PA System, if applicable, and Replace with new PA System for Arena D <b>Turnkey project</b>	\$ 31,500
5. (1) Remove old PA System, if applicable, and Replace with new PA System for Barn A <b>Turnkey project</b>	\$ 10,300
6. (1) Remove old PA System, if applicable, and Replace with new PA System for Barn B <b>Turnkey project</b>	\$ 10,300
7. (1) Remove old PA System, if applicable, and Replace with new PA System for Barn C <b>Turnkey project</b>	\$ 10,300
8. (1) Remove old PA System, if applicable, and Replace with new PA System for Barn D <b>Turnkey project</b>	\$ 12,900
9. (1) Remove old PA System, if applicable, and Replace with new PA System for Activity Hall <b>Turnkey project</b>	\$ 26,700
10. (1) Remove old PA System, if applicable, and Replace with new PA System for Control Room	\$ 12,000
11. Indicate delivery lead time	<u>12 Weeks from date of award and PO generated.</u>

All questions that pertain to the specifications or are of a technical nature are to be directed to Khip Miller, [kmiller@hallcounty.org](mailto:kmiller@hallcounty.org), 770-531-6855.

All questions that pertain to the proper method of submitting your proposal should be directed to Debra Howington, Buyer, (770) 535-8263, [dhowington@hallcounty.org](mailto:dhowington@hallcounty.org).

