

## Purchasing Detail for Record #: CN16243

Order #: CN16243

Replacement# OR Req#:

**Vendor:** IRON MOUNTAIN  
12958 MIDWAY PL  
CERRITOS, CA  
90703  
Ph: 805/416-5092  
FAX: 888/393-1524  
Contact: DAWN ADAMS

**TaxID:** Not Viewable

**Order Date:** 12/30/2013

**Contract Term:** 12/31/2015

**Purchasing Contact:** PHUNG (805-568-2697)

--BILLING--    **Fund:** 0042    **Dept:** 041    **LIAcct:** 7460    **Prog:** 3001    **Org:**    **Proj:**  
SIGNED

**Bill To**  
COST ANALYST  
300 N SAN ANTONIO RD  
GENERAL ACCOUNTING  
SANTA BARBARA, CA  
93110

**Ship To**  
PC & FH ADMIN  
300 N. SAN ANTONIO RD  
SANTA BARBARA, CA  
93110

### Detail Line 1

**Description:** IRON MOUNTAIN/SERVICE CONTRACT

GENERAL: CONTRACTOR to provide medical record and medical media storage, retrieval and destruction services as specified in Agreement effective January 1, 2014 governed by Basis Terms and Conditions dated December 11, 2013.

CONTRACT PERIOD: January 1, 2014 through December 31, 2015.

LIMITATIONS: Total expenditure for the period shall not exceed \$100,000.00. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

COMPENSATION : CONTRACTOR shall submit a monthly invoice for storage, retrieval and any destruction services requested pursuant to Exhibit A, Pricing Schedule, dated January 1, 2014.

Business Associate Agreement as specified in Exhibit B applies to this Agreement.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS attached.

Insurance documents already on file in Purchasing Division.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM 304, Santa Barbara, CA 93101.

Accepted By: (X) \_\_\_\_\_

Print Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicable License # (Medical/Contractor/Etc): \_\_\_\_\_

**Value:** \$100,000.00

**Tax:** \$0.00

**Sub-Total:** \$100,000.00

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**Grand Total:** \$100,000.00

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