ATTACHMENT A

BOARD OF SUPERVISORS CONTRACT AMENDMENT NO. 4 TO AGREEMENT BETWEEN COUNTY OF SANTA BARBARA AND KROLL ONTRACK

This Agreement hereinafter referred to as Amendment No. 4, constitutes a modification to the original agreement between County of Santa Barbara and Kroll Ontrack, Contract No. BC 09089, which was entered into on May 5, 2009.

Effective as of January 1, 2011, the original agreement is modified as follows:

- 1. To increase the contract amount by \$25,000.00 for additional expenses to deliver a completed Administrative Record in Concordance format and PDF format.
- 2. To extend the contract end date to June 30, 2011.

CONSULTANT understands and agrees that the time extension granted herein constitutes the total and entire time allocated for the work to be completed. All other terms and conditions of the original agreement shall remain in full force and effect.

COUNTY OF SANTA BARBARA

By:
Chair, Board of Supervisors

Date:

CHANDRA WALLAR
CLERK OF THE BOARD

By:
Deputy

By:
Tax ID Number: 41 - 152 1650

Secolo, Silos

APPROVED AS TO FORM: DENNIS A. MARSHALL COUNTY COUNSEL

By: '

Deputy County Counsel⁽

APPROVED AS TO ACCOUNTING FORM: ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

Bv.

Deputy

APPROVED AS TO INSURANCE: RAY AROMATORIO RISK PROGRAM MANAGER

Bv

Risk Management

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

D1.	Fiscal Year	·FY 10/11
D2.	Budget Unit Number	·053
D3.	Requisition Number	··N/A
D4.	Department Name	:Planning & Development
D5.	Contact Person	.:Dianne Black
<u>D6.</u>	Phone	.:(805)568-2086
•••		
K1.	Contract Type (check one): [X] Personal Service	[] Commodity [] Capital Project/Construction
K2.	Differ Sulminary of Contract Description or Purpose.	:Assembling Administrative Records for Santa Rarbora Ronal
K3.	Original Contract Amount	.:\$143.900.00
K4.	Contract Begin Date	.:December 15, 2008
K5.	Original Contract End Date	.:December 31, 2010
K6.	This Amendment Number	.:4
K7. K8.	- Total Previous Amendments	.:3
K8. K9.	- This Amendment Amount	.:\$25,000.00
	- Revised Total Contract-Amount	.:\$168,900.00
X 10.	- Revised End Date	.:June 30, 2011
<u>K11.</u>	Department Project Number	.:N/A
B1.	Is this a Roard Contract (No. Al.)	
B2.	Is this a Board Contract (Yes/No) Number of Workers Displaced (if any)	.:Yes
B3.	Number of Competitive Bids (if any)	.:None
B4.	Lowest Bid Amount	.:N/A
B5.	If Board waived bids, show Agenda Date	. IN/A
B6.	and Agenda Item Number	. 1.1N/A.
B7.	Boilerplate Contract Text Unchanged (Ver/No)	.:#IN/A .:Yes-Added to #5 Compensation of Contractor, Added two
parag	raphs to #9 Conflict of Interest, Added Section #30	Sub-contractors, #31 Handling of Proprietary Information, #32
Limit	ation of Damages, #33 Limited Warranty, Disclaimer	of all other Warranties
	, ,	or an other Waltandos.
F1.	Encumbrance Transaction Code	.:1701
F1. F2.	Encumbrance Transaction Code Current Year Encumbrance Amount	.:1701 .:\$0.00
F2. F3.	Current Year Encumbrance Amount Fund Number	.:\$0.00 .:000]
F2. F3. F4.	Current Year Encumbrance Amount Fund Number Department Number	.:\$0.00 .:000] .:053
F2. F3. F4. F5.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable)	.:\$0.00 .:0001 .:053 .:2015/2000/210
F2. F3. F4. F5. F6.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number	.:\$0.00 .:0001 .:053 .:2015/2000/210
F2. F3. F4. F5. F6. F7.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable)	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510
F2. F3. F4. F5. F6.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable)	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510
F2. F3. F4. F5. F6. F7. F8.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A
F2. F3. F4. F5. F6. F7. F8.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30
F2. F3. F4. F5. F6. F7. F8. V1.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter)	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known)	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie .:MN
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie .:MN .:55347 .:(952) 949-4160
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN)	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie .:MN .:55347 .:(952) 949-4160 .:411613148
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie .:MN .:55347 .:(952) 949-4160 .:411613148
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date	.:\$0.00 .:0001 .:053 .:2015/2000/210 .:7510 .:N/A .:Net 30 .:230962 .:Kroll Ontrack Inc. .:9023 Columbine Road .:Eden Prairie .:MN .:55347 .:(952) 949-4160 .:411613148 .:Dan Larson
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 :: June 1, 2011
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12. V13.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number Verified by	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 :: June 1, 2011 ::N/A
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12. V13. V14.	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number Verified by Company Type (Check one): [] Individual [] 15	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 ::N/A ::Ruth Reverdy Sole Proprietorship [1] Partnership [V] Corporation
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12. V13. V14. This in	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number Verified by Company Type (Check one): [] Individual [] Sinformation has been reviewed and is complete and account of the professional complete and	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 :: June 1, 2011 ::N/A
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12. V13. V14. This is signat	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number Verified by Company Type (Check one): [] Individual [] Sinformation has been reviewed and is complete and accure on the contract signature page.	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 ::N/A ::Ruth Reverdy Sole Proprietorship [1] Partnership [V] Corporation
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12. V13. V14. This is signat	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number Verified by Company Type (Check one): [] Individual [] Sinformation has been reviewed and is complete and accure on the contract signature page.	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 :: June 1, 2011 ::N/A ::Ruth Reverdy Sole Proprietorship [] Partnership [X] Corporation ::curate as presented. Concurrences as required are represented by
F2. F3. F4. F5. F6. F7. F8. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10. V11. V12. V13. V14. This is signat	Current Year Encumbrance Amount Fund Number Department Number Prog/Org/Proj. Number (if applicable) Account Number Cost Center number (if applicable) Payment Terms Auditor Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor's Federal Tax ID Number (EIN or SSN) Contact Person Workers Comp Insurance Expiration Date General Liability Insurance Expiration Date Professional License Number Verified by Company Type (Check one): [] Individual [] Sinformation has been reviewed and is complete and account of the professional complete and	::\$0.00 ::0001 ::053 ::2015/2000/210 ::7510 ::N/A ::Net 30 ::230962 ::Kroll Ontrack Inc. ::9023 Columbine Road ::Eden Prairie ::MN ::55347 ::(952) 949-4160 ::411613148 ::Dan Larson ::June 1, 2011 ::N/A ::Ruth Reverdy Sole Proprietorship [1] Partnership [V] Corporation