### EXHIBIT A

# FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT NUMBER F000978 WITH W. SOLUTIONS, INC. dba WELLNESS SOLUTIONS

This First Amer	ndment to Agre	ement number	F000978	3, dated July	7, 2015 ('	'Agreeme	ent")
is made as of this $\_$	day of _	, 2016,	by and b	etween the	City of S	anta Ros	a, a
municipal corporation	("City"), and	W. Solutions,	Inc. dba	Wellness	Solutions,	a Califo	ornia
Corporation ("Consulta	nt").						

#### **RECITALS**

- A. City and Consultant entered into the Agreement for Consultant to provide a comprehensive Wellness Program to meet the health and fitness needs of its Miscellaneous Employees (excluding Police and Fire Departments).
- B. City and Consultant now desire to amend the Agreement for the purpose of continuing the City's Wellness program to ensure that the program's goals of improving physical fitness levels with an anticipated decrease in illness and injury.

#### **AMENDMENT**

**NOW, THEREFORE**, the parties agree to amend the Agreement as follows:

1. Section 2. Compensation

Section 2(c) is amended to increase the compensation payable to Consultant under the Agreement by \$150,000.00 to read as follows:

"Notwithstanding any other provision in this Agreement to the contrary, the total maximum compensation to be paid for the satisfactory accomplishment and completion of all tasks set forth above shall in no event exceed the sum of three hundred thousand dollars and no cents (\$300,000.00). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Number 320203-5371."

2. Section 12. Time of Performance

The last sentence of Section 12 is amended to read as follows:

"Consultant shall complete all the required services and tasks and complete and tender all deliverables to the reasonable satisfaction of City, not later than June 30, 2017."

All other terms of the Agreement shall remain in full force and effect.

## Executed as of the day and year first above stated.

CONSULTANT:	CITY OF SANTA ROSA a Municipal Corporation			
Name of Firm: W. Solutions, Inc.				
TYPE OF BUSINESS ENTITY (check one):  Individual/Sole Proprietor Partnership Corporation Limited Liability Company Other (please specify:)	By: Print Name:  Title:			
Signatures of Authorized Persons:	APPROVED AS TO FORM:			
By:				
Print Name: Lynette Helmer	Office of the City Attorney			
Title: President	ATTEST:			
By:				
Print Name: Felicia Gomez	City Clerk			
Title: Secretary				
City of Santa Rosa Business Tax Cert. No.				
<u>62683</u>				