

**SECOND AMENDMENT
TO PROFESSIONAL SERVICES AGREEMENT NUMBER F000977
WITH W. SOLUTIONS, INC. dba WELLNESS SOLUTIONS**

This Second Amendment to Agreement number F000977, dated July 7, 2015 ("Agreement") is made as of this _____ day of _____, 2017, by and between the City of Santa Rosa, a municipal corporation ("City"), and W. Solutions, Inc. dba Wellness Solutions, a California Corporation ("Consultant").

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 Police and Fire Departments, as previously amended by the First Amendment, and the general nature of their purposes.
- 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 Four Hundred Forty-Six Thousand, Eight Hundred Eighty-Four Dollars and No/Cents (\$446,884.00). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Numbers 320303-5320 (Risk), 170403-5320 (Police) and 060100-5320 (Fire)."

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, 2018."

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

Executed as of the day and year first above stated.

CONSULTANT:

Name of Firm: W. Solutions, Inc. dba Wellness Solutions

TYPE OF BUSINESS ENTITY (check one):

☐ Individual/Sole Proprietor
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (please specify: _____)

Signatures of Authorized Persons:

By: Lynette Helmer

Print Name: Lynette Helmer

Title: President

By: Felicia Gomez

Print Name: Felicia Gomez

Title: Secretary

CITY OF SANTA ROSA
a Municipal Corporation

By: _____

Print Name: _____

APPROVED AS TO FORM:

Angele Casagrande
Office of the City Attorney

ATTEST:

City Clerk

City of Santa Rosa Business Tax Cert. No.

62683