# FIFTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT NUMBER F001748 WITH HROD, INC. DBA MMO PARTNERS

This Fifth Amer	ndment to Agreem	ent number F00174	18, dated _	("Ag	reement") is
made as of this	day of	, 2022, by ar	nd between	the City of	Santa Rosa,
a municipal corporation	("City"), and HR	OD, Inc. dba MMO	Partners, a	District of	Columbia C-
corporation ("Consultan	nt").				

#### **RECITALS**

- A. City and Consultant entered into the Agreement for Consultant to provide assistance with federal advocacy.
- B. City and Consultant now desire to amend the Agreement with this Fifth Amendment for the purpose of extending the time of performance and increasing compensation.

# <u>AMENDMENT</u>

**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 \$108,000 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 sixty-eight thousand dollars and no cents (\$576,000). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Number 010000-5320."

### 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 September 30, 2023."

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 HROD, Inc. dba MMO Partners TYPE OF BUSINESS ENTITY (check By:\_\_\_\_\_ one): Print Name: \_\_\_\_ Individual/Sole Proprietor \_\_\_\_\_ Partnership Title: <u>x</u> Corporation \_\_\_\_ Limited Liability Company \_\_\_\_\_ Other (please specify: \_\_\_\_\_) APPROVED AS TO FORM: Signatures of Authorized Persons: By: \_\_\_\_\_ Office of the City Attorney Print Name:\_\_\_\_\_ ATTEST:

City Clerk

Title: \_\_\_\_\_

City of Santa Rosa Business Tax Certificate