SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT NUMBER F001395 WITH ROBERT HUNTER AARONSON

| This Second Amendment to | Agreement | number | F001395, | dated | April | 18, | 2017 |
|---|--------------|-----------|-------------|---------|--------|-------|---------|
| ("Agreement") is made as of this | day of | , 201 | 8, by and b | etween | the Ci | ty of | Santa |
| Rosa, a municipal corporation ("City"), | and Robert F | lunter Aa | ronson, dba | a Aaron | son La | aw O | ffices, |
| a sole proprietorship ("Consultant"). | | | | | | | |

RECITALS

- A. City and Consultant entered into the Agreement for Consultant to provide an independent auditor to review the Police Department.
- B. City and Consultant amended the Agreement on January 17, 2018 to extend the time of performance and increase compensation.
- C. City and Consultant now desire to amend the Agreement for the purpose of 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 \$31,000 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 two hundred thirty-one thousand dollars and no cents (\$231,000). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Number 95117."

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

CITY OF SANTA ROSA a Municipal Corporation

Name of Firm: ROBERT HUNTER AARONSON TYPE OF BUSINESS ENTITY (check By:_____ one): Print Name: GLORIA X_ Individual/Sole Proprietor **HURTADO** ____ Partnership ____ Corporation Title: <u>DEPUTY CITY MANAGER</u> ____ Limited Liability Company ____ Other (please specify: ____ APPROVED AS TO FORM: Signatures of Authorized Persons: Office of the City Attorney Print Name:_____ ATTEST: City Clerk Print Name:_____ Title: _____ City of Santa Rosa Business Tax Cert. No. 338789